

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
0.9 % SODIUM CHLORIDE INJECTION SYRINGE (ML) 0.9 %		0.06024	04/01/2017	
0.9 % SODIUM CHLORIDE INJECTION VIAL (ML) 0.9 %		0.00215	10/01/2017	
0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 0.9 %		0.00145	10/01/2017	
0.9 % SODIUM CHLORIDE INTRAVENOUS PIGGYBACK WITH THREADED PORT (ML)		0.00215	10/01/2017	
0.9 % SODIUM CHLORIDE INTRAVENOUS PIGGYBACK WITH VIAL PORT (NON-THREADED)		0.02301	10/01/2017	
ABACAVIR SULFATE ORAL TABLET 300 MG		0.45333	07/01/2018	
ABACAVIR SULFATE/LAMIVUDINE ORAL TABLET 600-300MG		1.84033	10/01/2019	
ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE ORAL TABLET 150-300MG		19.17500	07/01/2018	
ACAMPROSATE CALCIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 333 MG		0.27639	07/01/2019	
ACARBOSE ORAL TABLET 100 MG		0.13000	01/01/2019	
ACARBOSE ORAL TABLET 25 MG		0.13000	10/01/2017	
ACARBOSE ORAL TABLET 50 MG		0.12500	01/01/2019	
ACEBUTOLOL HCL ORAL CAPSULE 200 MG		0.12189	10/01/2017	
ACEBUTOLOL HCL ORAL CAPSULE 400 MG		0.27378	04/01/2017	
ACETAMINOPHEN ORAL CAPSULE 500 MG		0.05061	04/01/2017	
ACETAMINOPHEN ORAL DROPS 100 MG/ML		0.05200	12/12/2011	
ACETAMINOPHEN ORAL DROPS 80MG/0.8ML		0.12914	04/01/2017	
ACETAMINOPHEN ORAL ELIXIR 160 MG/5ML		0.01100	12/12/2011	
ACETAMINOPHEN ORAL LIQUID (ML) 160 MG/5ML		0.00725	04/01/2017	
ACETAMINOPHEN ORAL LIQUID (ML) 500 MG/5ML		0.01615	12/12/2011	
ACETAMINOPHEN ORAL LIQUID (ML) 500MG/15ML		0.01248	04/01/2017	
ACETAMINOPHEN ORAL SOLUTION, ORAL 160 MG/5ML		0.01565	10/01/2017	
ACETAMINOPHEN ORAL SOLUTION, ORAL 160 MG/5ML"		0.01282	12/12/2011	
ACETAMINOPHEN ORAL SOLUTION, ORAL 325/10.15		0.02336	09/01/2011	
ACETAMINOPHEN ORAL SOLUTION, ORAL 650MG/20.3		0.02336	12/12/2011	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ACETAMINOPHEN ORAL SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 100 MG/ML		0.05200	12/12/2011	
ACETAMINOPHEN ORAL SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 80MG/0.8ML		0.03484	10/01/2017	
ACETAMINOPHEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 160 MG/5ML		0.01814	10/01/2017	
ACETAMINOPHEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 160 MG/5ML		0.01166	10/01/2017	
ACETAMINOPHEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 325/10.15		0.01166	10/01/2017	
ACETAMINOPHEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 650MG/20.3		0.01741	12/12/2011	
ACETAMINOPHEN ORAL SYRINGE (ML) 160 MG/5ML		0.01509	04/01/2017	
ACETAMINOPHEN ORAL SYRINGE (ML) 80MG/2.5ML		0.01509	04/01/2017	
ACETAMINOPHEN ORAL TABLET 325 MG		0.00533	10/01/2017	
ACETAMINOPHEN ORAL TABLET 500 MG		0.00844	10/01/2017	
ACETAMINOPHEN ORAL TABLET, CHEWABLE 160 MG		0.11550	12/12/2011	
ACETAMINOPHEN ORAL TABLET, CHEWABLE 80 MG		0.04133	04/01/2017	
ACETAMINOPHEN ORAL TABLET, EXTENDED RELEASE 650 MG		0.06143	04/01/2017	
ACETAMINOPHEN ORAL TABLET,DISINTEGRATING 160 MG		0.08723	04/01/2017	
ACETAMINOPHEN ORAL TABLET,DISINTEGRATING 80 MG		0.05211	04/01/2017	
ACETAMINOPHEN RECTAL SUPPOSITORY, RECTAL 120 MG		0.18917	04/01/2017	
ACETAMINOPHEN RECTAL SUPPOSITORY, RECTAL 325 MG		0.27591	10/01/2017	
ACETAMINOPHEN RECTAL SUPPOSITORY, RECTAL 650 MG		0.20552	10/01/2017	
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL ELIXIR 120-12MG/5		0.01348	09/01/2011	
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL SOLUTION, ORAL 120-12MG/5		0.01189	04/01/2017	
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL SOLUTION, ORAL 120-12MG/5		0.01600	04/01/2017	
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL SOLUTION, ORAL 300MG/12.5		0.01600	04/01/2017	
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL TABLET 300MG-15MG		0.15346	04/01/2017	
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL TABLET 300MG-30MG		0.08865	04/01/2018	
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL TABLET 300MG-60MG		0.14271	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE BITARTRATE ORAL CAPSULE 320.5-30MG		2.74353	04/01/2017	
ACETAMINOPHEN/DEXTROMETHORPHAN HBR ORAL LIQUID (ML) 1000-30/30		0.01898	04/01/2017	
ACETAMINOPHEN/DEXTROMETHORPHAN HBR ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 160-5MG/5		0.04194	04/01/2017	
ACETAMINOPHEN/DIPHENHYDRAMINE HCL ORAL TABLET 325-12.5MG		0.01982	04/01/2017	
ACETAMINOPHEN/DIPHENHYDRAMINE HCL ORAL TABLET 500MG-25MG		0.04246	04/01/2017	
ACETAZOLAMIDE ORAL CAPSULE, EXTENDED RELEASE 500 MG		0.33990	01/01/2019	
ACETAZOLAMIDE ORAL TABLET 125 MG		1.03013	10/01/2017	
ACETAZOLAMIDE ORAL TABLET 250 MG		0.69948	07/01/2019	
ACETAZOLAMIDE SODIUM INJECTION VIAL (EA) 500 MG		40.00000	04/01/2017	
ACETIC ACID IRRIGATION SOLUTION, IRRIGATION 0.25 %		0.00116	10/01/2017	
ACETIC ACID OTIC SOLUTION, NON-ORAL 2 %		1.05467	07/01/2019	
ACETIC ACID/ALUMINUM ACETATE OTIC DROPS 2 %		0.92487	04/01/2017	
ACETIC ACID/ANTIPYRINE/BENZOCAINE/POLICOSANOL NO.1/AL ACETAT OTIC DROPS 5.4 %-1.4%		11.92038	12/12/2011	
ACETYLCYSTEINE INTRAVENOUS VIAL (ML) 200 MG/ML		6.25000	04/01/2017	
ACETYLCYSTEINE MISCELLANEOUS VIAL (ML) 100 MG/ML		0.31485	04/01/2017	
ACETYLCYSTEINE MISCELLANEOUS VIAL (ML) 200 MG/ML		0.32400	10/01/2018	
ACETYLCYSTEINE/MECOBALAMIN/LEVOMEFOLATE CALCIUM ORAL TABLET 600-2-6 MG		1.79867	07/01/2016	
ACITRETIN ORAL CAPSULE 10 MG		6.66667	01/01/2018	
ACITRETIN ORAL CAPSULE 17.5 MG		30.76733	04/01/2017	
ACITRETIN ORAL CAPSULE 25 MG		9.33333	07/01/2019	
ACYCLOVIR ORAL CAPSULE 200 MG		0.05759	10/01/2017	
ACYCLOVIR ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 200 MG/5ML		0.37206	01/01/2019	
ACYCLOVIR ORAL TABLET 400 MG		0.03700	01/01/2019	
ACYCLOVIR ORAL TABLET 800 MG		0.10462	10/01/2017	
ACYCLOVIR SODIUM INTRAVENOUS VIAL (ML) 50 MG/ML		0.43000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ACYCLOVIR TOPICAL CREAM (GRAM) 5 %		112.59400	01/01/2020	
ACYCLOVIR TOPICAL OINTMENT (GRAM) 5 %		1.94109	01/01/2020	
ADAPALENE TOPICAL CREAM (GRAM) 0.1 %		2.88667	01/01/2020	
ADAPALENE TOPICAL GEL (GRAM) 0.1 %		1.52333	07/01/2018	
ADAPALENE TOPICAL GEL (GRAM) 0.3 %		2.41889	01/01/2018	
ADAPALENE TOPICAL GEL WITH PUMP (GRAM) 0.3 %		4.81072	04/01/2017	
ADAPALENE/BENZOYL PEROXIDE TOPICAL GEL WITH PUMP (GRAM) 0.1 %-2.5%		1.24000	07/01/2019	
ADEFOVIR DIPIVOXIL ORAL TABLET 10 MG		22.80000	07/01/2019	
ADENOSINE INTRAVENOUS SYRINGE (ML) 3 MG/ML		6.50000	04/01/2017	
ADENOSINE INTRAVENOUS VIAL (ML) 3 MG/ML		2.75000	04/01/2017	
ADENOSINE INTRAVENOUS VIAL (ML) 3 MG/ML		3.09640	04/01/2017	
ALBENDAZOLE ORAL TABLET 200 MG		90.51000	01/01/2020	
ALBUMIN HUMAN INTRAVENOUS INTRAVENOUS SOLUTION 25 %		1.14800	04/01/2017	
ALBUMIN HUMAN INTRAVENOUS INTRAVENOUS SOLUTION 5 %		0.25700	04/01/2017	
ALBUTEROL SULFATE INHALATION HFA AEROSOL WITH ADAPTER (GRAM) 90 MCG		2.50023	10/01/2019	
ALBUTEROL SULFATE INHALATION SOLUTION, NON-ORAL 5 MG/ML		0.37880	10/01/2017	
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (EA) 2.5 MG/0.5		0.23782	10/01/2017	
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (ML) 0.63MG/3ML		0.11333	01/01/2020	
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (ML) 1.25MG/3ML		0.13760	01/01/2019	
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (ML) 2.5 MG/3ML		0.02600	04/01/2017	
ALBUTEROL SULFATE ORAL SYRUP 2 MG/5 ML		0.00661	10/01/2017	
ALBUTEROL SULFATE ORAL TABLET 2 MG		3.01000	07/01/2019	
ALBUTEROL SULFATE ORAL TABLET 4 MG		3.55114	04/01/2017	
ALBUTEROL SULFATE ORAL TABLET, EXTENDED RELEASE 12 HR 4 MG		0.67335	10/01/2017	
ALBUTEROL SULFATE ORAL TABLET, EXTENDED RELEASE 12 HR 8 MG		1.23692	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ALCLOMETASONE DIPROPIONATE TOPICAL CREAM (GRAM) 0.05 %		0.24933	04/01/2017	
ALCLOMETASONE DIPROPIONATE TOPICAL OINTMENT (GRAM) 0.05 %		0.89933	01/01/2018	
ALCOHOL ANTISEPTIC PADS TOPICAL PADS, MEDICATED (EA)		0.01260	04/01/2017	
ALENDRONATE SODIUM ORAL SOLUTION, ORAL 70 MG/75ML		0.32844	04/01/2017	
ALENDRONATE SODIUM ORAL TABLET 10 MG		0.13833	07/01/2019	
ALENDRONATE SODIUM ORAL TABLET 35 MG		0.21250	01/01/2019	
ALENDRONATE SODIUM ORAL TABLET 40 MG		5.27900	04/01/2017	
ALENDRONATE SODIUM ORAL TABLET 5 MG		0.13472	04/01/2017	
ALENDRONATE SODIUM ORAL TABLET 70 MG		0.13750	01/01/2019	
ALFENTANIL HCL INJECTION AMPUL (ML) 500 MCG/ML		1.27000	04/01/2017	
ALFUZOSIN HCL ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG		0.06000	01/01/2019	
ALLOPURINOL ORAL TABLET 100 MG		0.01600	01/01/2019	
ALLOPURINOL ORAL TABLET 300 MG		0.03690	01/01/2019	
ALLOPURINOL SODIUM INTRAVENOUS VIAL (EA) 500 MG		328.48038	10/01/2017	
ALMOTRIPTAN MALATE ORAL TABLET 12.5 MG		19.23583	04/01/2019	
ALMOTRIPTAN MALATE ORAL TABLET 6.25 MG		31.15933	04/01/2017	
ALOE VERA/PETROLATUM, HYDROPHILIC TOPICAL OINTMENT (GRAM)		0.03508	12/12/2011	
ALOGLIPTIN BENZOATE ORAL TABLET 12.5 MG		5.28900	06/27/2018	
ALOGLIPTIN BENZOATE ORAL TABLET 25 MG		5.11230	06/21/2019	
ALOGLIPTIN BENZOATE ORAL TABLET 6.25 MG		5.81767	04/01/2019	
ALOGLIPTIN BENZOATE/METFORMIN HCL ORAL TABLET 12.5-1000		1.75000	01/01/2019	
ALOGLIPTIN BENZOATE/METFORMIN HCL ORAL TABLET 12.5-500MG		2.08333	07/01/2018	
ALOGLIPTIN BENZOATE/PIOGLITAZONE HCL ORAL TABLET 12.5-15 MG		6.50000	04/01/2017	
ALOGLIPTIN BENZOATE/PIOGLITAZONE HCL ORAL TABLET 12.5-30 MG		6.50000	04/01/2017	
ALOGLIPTIN BENZOATE/PIOGLITAZONE HCL ORAL TABLET 12.5-45 MG		6.50000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ALOGLIPTIN BENZOATE/PIOGLITAZONE HCL ORAL TABLET 25 MG-15MG		6.43761	04/01/2017	
ALOGLIPTIN BENZOATE/PIOGLITAZONE HCL ORAL TABLET 25 MG-30MG		5.50767	04/01/2017	
ALOGLIPTIN BENZOATE/PIOGLITAZONE HCL ORAL TABLET 25 MG-45MG		6.50000	04/01/2017	
ALOSETRON HCL ORAL TABLET 0.5 MG		17.46289	04/01/2017	
ALOSETRON HCL ORAL TABLET 1 MG		35.45266	04/01/2017	
ALPRAZOLAM ORAL TABLET 0.25 MG		0.01235	07/01/2017	
ALPRAZOLAM ORAL TABLET 0.5 MG		0.01310	04/01/2017	
ALPRAZOLAM ORAL TABLET 1 MG		0.01759	04/01/2017	
ALPRAZOLAM ORAL TABLET 2 MG		0.02370	01/01/2019	
ALPRAZOLAM ORAL TABLET, EXTENDED RELEASE 24 HR 0.5 MG		0.21530	04/01/2017	
ALPRAZOLAM ORAL TABLET, EXTENDED RELEASE 24 HR 1 MG		0.23533	04/01/2018	
ALPRAZOLAM ORAL TABLET, EXTENDED RELEASE 24 HR 2 MG		0.30378	04/01/2017	
ALPRAZOLAM ORAL TABLET, EXTENDED RELEASE 24 HR 3 MG		0.35572	04/01/2017	
ALPRAZOLAM ORAL TABLET,DISINTEGRATING 0.25 MG		1.07900	04/01/2017	
ALPRAZOLAM ORAL TABLET,DISINTEGRATING 0.5 MG		1.29110	04/01/2017	
ALPRAZOLAM ORAL TABLET,DISINTEGRATING 1 MG		1.75483	04/01/2017	
ALPRAZOLAM ORAL TABLET,DISINTEGRATING 2 MG		3.04980	04/01/2017	
ALPROSTADIL INJECTION VIAL (ML) 500 MCG/ML		40.58800	04/01/2017	
ALUMINUM CHLORIDE TOPICAL SOLUTION, NON-ORAL 20 %		0.19526	12/12/2011	
ALUMINUM HYDROXIDE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 320 MG/5ML		0.00715	04/01/2017	
ALUMINUM HYDROXIDE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 600MG/5ML		0.01558	12/12/2011	
AMANTADINE HCL ORAL CAPSULE 100 MG		0.24644	10/01/2018	
AMANTADINE HCL ORAL SOLUTION, ORAL 50 MG/5 ML		0.01945	04/01/2017	
AMANTADINE HCL ORAL TABLET 100 MG		0.13100	10/01/2019	
AMCINONIDE TOPICAL CREAM (GRAM) 0.1 %		0.90433	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
AMCINONIDE TOPICAL LOTION (ML) 0.1 %		4.52400	04/01/2017	
AMCINONIDE TOPICAL OINTMENT (GRAM) 0.1 %		5.40000	04/01/2017	
AMIFOSTINE CRYSTALLINE INTRAVENOUS VIAL (EA) 500 MG		451.93333	04/01/2017	
AMIKACIN SULFATE INJECTION VIAL (ML) 1000MG/4ML		1.82500	04/01/2017	
AMIKACIN SULFATE INJECTION VIAL (ML) 500 MG/2ML		1.85000	04/01/2017	
AMILORIDE HCL ORAL TABLET 5 MG		0.14880	01/01/2020	
AMILORIDE HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 5 MG-50 MG		0.02663	10/01/2017	
AMINOCAPROIC ACID INTRAVENOUS VIAL (ML) 250 MG/ML		0.05624	10/01/2017	
AMINOCAPROIC ACID ORAL SOLUTION, ORAL 250 MG/ML		1.11854	12/12/2011	
AMINOCAPROIC ACID ORAL TABLET 500 MG		1.56704	12/12/2011	
AMINOPHYLLINE INTRAVENOUS VIAL (ML) 250MG/10ML		1.12000	04/01/2017	
AMINOPHYLLINE INTRAVENOUS VIAL (ML) 500MG/20ML		0.32000	04/01/2017	
AMINOPHYLLINE ORAL TABLET 100 MG		0.03208	12/12/2011	
AMIODARONE HCL INTRAVENOUS SYRINGE (ML) 150 MG/3ML		4.33333	04/01/2017	
AMIODARONE HCL INTRAVENOUS VIAL (ML) 50 MG/ML		0.63518	04/01/2017	
AMIODARONE HCL ORAL TABLET 100 MG		2.16500	01/01/2018	
AMIODARONE HCL ORAL TABLET 200 MG		0.07850	01/01/2019	
AMIODARONE HCL ORAL TABLET 400 MG		2.63667	04/01/2017	
AMITRIPTYLINE HCL ORAL TABLET 10 MG		0.01779	10/01/2017	
AMITRIPTYLINE HCL ORAL TABLET 100 MG		0.28650	07/01/2019	
AMITRIPTYLINE HCL ORAL TABLET 150 MG		0.29900	01/01/2020	
AMITRIPTYLINE HCL ORAL TABLET 25 MG		0.04490	01/01/2019	
AMITRIPTYLINE HCL ORAL TABLET 50 MG		0.08705	07/01/2019	
AMITRIPTYLINE HCL ORAL TABLET 75 MG		0.25740	01/01/2020	
AMITRIPTYLINE HCL/CHLORDIAZEPOXIDE ORAL TABLET 12.5MG-5MG		0.50211	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
AMITRIPTYLINE HCL/CHLORDIAZEPOXIDE ORAL TABLET 25 MG-10MG		1.58180	10/01/2017	
AMLODIPINE BESYLATE ORAL TABLET 10 MG		0.01200	04/01/2017	
AMLODIPINE BESYLATE ORAL TABLET 2.5 MG		0.01252	04/01/2017	
AMLODIPINE BESYLATE ORAL TABLET 5 MG		0.01000	04/01/2017	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 10 MG-10MG		1.46667	01/01/2020	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 10 MG-20MG		1.99467	01/01/2019	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 10 MG-40MG		3.69400	07/01/2018	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 10 MG-80MG		5.53825	04/01/2017	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 2.5MG-10MG		4.34266	04/01/2017	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 2.5MG-20MG		5.60833	04/01/2017	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 2.5MG-40MG		6.03400	04/01/2017	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 5 MG-10 MG		2.91367	04/01/2017	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 5 MG-20 MG		2.74000	07/01/2018	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 5 MG-40 MG		3.93778	04/01/2017	
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 5 MG-80 MG		3.28900	07/01/2019	
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 10 MG-20MG		0.07250	10/01/2017	
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 10 MG-40MG		0.13100	01/01/2020	
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 2.5MG-10MG		0.05000	07/01/2018	
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 5 MG-10 MG		0.07450	10/01/2018	
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 5 MG-20 MG		0.07850	01/01/2019	
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 5 MG-40 MG		0.11005	10/01/2017	
AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL ORAL TABLET 10 MG-20MG		0.31333	01/01/2020	
AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL ORAL TABLET 10 MG-40MG		0.49867	07/01/2019	
AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL ORAL TABLET 5 MG-20 MG		0.36000	04/01/2019	
AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL ORAL TABLET 5 MG-40 MG		0.68867	07/01/2018	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
AMLODIPINE BESYLATE/VALSARTAN ORAL TABLET 10MG-160MG		0.34522	01/01/2020	
AMLODIPINE BESYLATE/VALSARTAN ORAL TABLET 10MG-320MG		0.43333	01/01/2018	
AMLODIPINE BESYLATE/VALSARTAN ORAL TABLET 5 MG-160MG		0.25000	01/01/2019	
AMLODIPINE BESYLATE/VALSARTAN ORAL TABLET 5 MG-320MG		0.38367	04/01/2017	
AMLODIPINE BESYLATE/VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 10-160-25		0.91533	07/01/2018	
AMLODIPINE BESYLATE/VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 10-320-25		0.94467	07/01/2019	
AMLODIPINE BESYLATE/VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 10MG-160MG		1.40231	10/01/2017	
AMLODIPINE BESYLATE/VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 5-160-12.5		1.73200	10/01/2017	
AMLODIPINE BESYLATE/VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 5-160-25MG		3.41652	04/01/2017	
AMMONIA INHALATION AMPUL (EA) 15 % (W/V)		0.36033	04/01/2017	
AMMONIUM IODIDE/POTASSIUM IODIDE TOPICAL TINCTURE		0.06339	04/01/2017	
AMMONIUM LACTATE TOPICAL CREAM (GRAM) 12 %		0.03572	10/01/2017	
AMMONIUM LACTATE TOPICAL LOTION (GRAM) 12 %		0.01927	10/01/2017	
AMOXAPINE ORAL TABLET 100 MG		0.78908	10/01/2017	
AMOXAPINE ORAL TABLET 150 MG		0.86368	10/01/2017	
AMOXAPINE ORAL TABLET 25 MG		0.46980	04/01/2017	
AMOXAPINE ORAL TABLET 50 MG		0.30823	10/01/2017	
AMOXICILLIN ORAL CAPSULE 250 MG		0.04196	10/01/2018	
AMOXICILLIN ORAL CAPSULE 500 MG		0.04400	04/01/2017	
AMOXICILLIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML		0.01562	04/01/2017	
AMOXICILLIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML		0.01730	01/01/2019	
AMOXICILLIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML		0.01073	10/01/2017	
AMOXICILLIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 400 MG/5ML		0.01500	04/01/2017	
AMOXICILLIN ORAL TABLET 500 MG		0.13970	10/01/2017	
AMOXICILLIN ORAL TABLET 875 MG		0.08090	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
AMOXICILLIN ORAL TABLET, CHEWABLE 125 MG		0.06958	10/01/2017	
AMOXICILLIN ORAL TABLET, CHEWABLE 200 MG		0.21346	12/12/2011	
AMOXICILLIN ORAL TABLET, CHEWABLE 250 MG		0.23706	04/01/2017	
AMOXICILLIN ORAL TABLET, CHEWABLE 400 MG		0.53654	12/12/2011	
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200-28.5/5		0.03290	01/01/2018	
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250-62.5/5		0.39560	04/01/2019	
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 400-57MG/5		0.03480	01/01/2019	
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 600-42.9/5		0.04888	01/01/2019	
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET 250-125 MG		3.35700	10/01/2018	
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET 500-125 MG		0.17600	01/01/2019	
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET 875-125 MG		0.10250	01/01/2019	
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET, CHEWABLE 200-28.5MG		0.17162	10/01/2017	
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET, CHEWABLE 400-57MG		0.93867	10/01/2017	
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET, EXTENDED RELEASE 12 HR 1000-62.5		2.48970	04/01/2017	
AMPHOTERICIN B INJECTION VIAL (EA) 50 MG		38.00000	04/01/2017	
AMPICILLIN SODIUM INJECTION VIAL (EA) 1 G		4.84500	04/01/2017	
AMPICILLIN SODIUM INJECTION VIAL (EA) 10 G		11.37970	10/01/2017	
AMPICILLIN SODIUM INJECTION VIAL (EA) 125 MG		4.17600	04/01/2017	
AMPICILLIN SODIUM INJECTION VIAL (EA) 2 G		2.55100	04/01/2019	
AMPICILLIN SODIUM INJECTION VIAL (EA) 250 MG		1.84500	04/01/2017	
AMPICILLIN SODIUM INJECTION VIAL (EA) 500 MG		2.37000	04/01/2017	
AMPICILLIN SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 1 G		13.10000	04/01/2017	
AMPICILLIN SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 2 G		25.41000	04/01/2017	
AMPICILLIN SODIUM/SULBACTAM SODIUM INJECTION VIAL (EA) 1.5 G		3.74865	10/01/2017	
AMPICILLIN SODIUM/SULBACTAM SODIUM INJECTION VIAL (EA) 15 G		21.86000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
AMPICILLIN SODIUM/SULBACTAM SODIUM INJECTION VIAL (EA) 3 G		2.50000	01/01/2018	
AMPICILLIN SODIUM/SULBACTAM SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 1.5 G		5.59500	12/12/2011	
AMPICILLIN SODIUM/SULBACTAM SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 3 G		9.24000	12/12/2011	
AMPICILLIN TRIHYDRATE ORAL CAPSULE 250 MG		0.06979	04/01/2017	
AMPICILLIN TRIHYDRATE ORAL CAPSULE 500 MG		0.12460	04/01/2017	
AMPICILLIN TRIHYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML		0.05412	10/01/2017	
AMPICILLIN TRIHYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML		0.10800	04/01/2017	
ANAGRELIDE HCL ORAL CAPSULE 0.5 MG		0.22598	10/01/2017	
ANAGRELIDE HCL ORAL CAPSULE 1 MG		0.25164	10/01/2017	
ANASTROZOLE ORAL TABLET 1 MG		0.04000	01/01/2019	
ANTIPIRYNE/BENZOCAINE/GLYCERIN OTIC DROPS 5.4 %-1.4%		0.72000	12/12/2011	
ANTIVENIN,LATRODECTUS MACTANS INJECTION VIAL (EA) 6000 UNIT		27.71000	04/01/2017	
ANTIVENIN,MICRURUS FULVIUS INJECTION VIAL (EA)		4950.00000	04/01/2017	
APRACLONIDINE HCL OPHTHALMIC DROPS 0.5 %		11.66343	04/01/2017	
APREPITANT ORAL CAPSULE 125 MG		254.70833	04/01/2017	
APREPITANT ORAL CAPSULE 40 MG		87.94800	04/01/2017	
APREPITANT ORAL CAPSULE 80 MG		163.00833	04/01/2017	
APREPITANT ORAL CAPSULE, DOSE PACK 125MG-80MG		192.33000	04/01/2017	
ARGATROBAN IN 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 250MG/250		3.17800	04/01/2017	
ARGATROBAN IN 0.9 % SODIUM CHLORIDE INTRAVENOUS VIAL (ML) 125 MG/125		4.53944	04/01/2017	
ARGATROBAN IN 0.9 % SODIUM CHLORIDE INTRAVENOUS VIAL (ML) 50 MG/50ML		3.96000	04/01/2017	
ARGATROBAN IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS VIAL (ML) 50 MG/50ML		4.40000	04/01/2017	
ARGATROBAN INTRAVENOUS VIAL (ML) 100 MG/ML		204.00000	04/01/2017	
ARIPIRAZOLE ORAL SOLUTION, ORAL 1 MG/ML		1.45920	10/01/2019	
ARIPIRAZOLE ORAL TABLET 10 MG		0.07267	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ARIPIRAZOLE ORAL TABLET 15 MG		0.09600	01/01/2019	
ARIPIRAZOLE ORAL TABLET 2 MG		0.08967	01/01/2019	
ARIPIRAZOLE ORAL TABLET 20 MG		0.11000	01/01/2019	
ARIPIRAZOLE ORAL TABLET 30 MG		0.13300	01/01/2019	
ARIPIRAZOLE ORAL TABLET 5 MG		0.06633	01/01/2019	
ARIPIRAZOLE ORAL TABLET,DISINTEGRATING 10 MG		30.63466	04/01/2017	
ARIPIRAZOLE ORAL TABLET,DISINTEGRATING 15 MG		30.63466	04/01/2017	
ARMODAFINIL ORAL TABLET 150 MG		1.23167	01/01/2019	
ARMODAFINIL ORAL TABLET 200 MG		1.38657	07/01/2017	
ARMODAFINIL ORAL TABLET 250 MG		1.01900	07/01/2018	
ARMODAFINIL ORAL TABLET 50 MG		5.06611	04/01/2017	
ASCORBIC ACID INJECTION VIAL (ML) 500 MG/ML		1.80960	04/01/2017	
ASCORBIC ACID ORAL SYRUP 500 MG/5ML		0.04152	12/12/2011	
ASCORBIC ACID ORAL TABLET 1000 MG		0.05712	12/12/2011	
ASCORBIC ACID ORAL TABLET 250 MG		0.01904	12/12/2011	
ASCORBIC ACID ORAL TABLET 500 MG		0.03127	12/12/2011	
ASCORBIC ACID ORAL TABLET, CHEWABLE 500 MG		0.04863	12/12/2011	
ASPIRIN ORAL TABLET 325 MG		0.01050	04/01/2017	
ASPIRIN ORAL TABLET, CHEWABLE 81 MG		0.01500	10/01/2017	
ASPIRIN ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 325 MG		0.01330	04/01/2017	
ASPIRIN ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 81 MG		0.00539	10/01/2017	
ASPIRIN RECTAL SUPPOSITORY, RECTAL 300 MG		1.16666	04/01/2017	
ASPIRIN RECTAL SUPPOSITORY, RECTAL 600 MG		1.20666	04/01/2017	
ASPIRIN/ACETAMINOPHEN/CAFFEINE ORAL TABLET 250-250-65		0.05575	04/01/2017	
ASPIRIN/CAFFEINE/DIHYDROCODEINE BITARTRATE ORAL CAPSULE 356-30-16		1.53950	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ASPIRIN/CALCIUM CARBONATE/MAGNESIUM ORAL TABLET 325 MG		0.01771	04/01/2017	
ASPIRIN/DIPYRIDAMOLE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 12HR 25MG-200MG		3.08317	04/01/2017	
ATAZANAVIR SULFATE ORAL CAPSULE 200 MG		4.48417	07/01/2019	
ATAZANAVIR SULFATE ORAL CAPSULE 300 MG		7.50000	10/01/2019	
ATENOLOL ORAL TABLET 100 MG		0.02480	04/01/2017	
ATENOLOL ORAL TABLET 25 MG		0.01208	04/01/2017	
ATENOLOL ORAL TABLET 50 MG		0.00960	07/01/2017	
ATENOLOL/CHLORTHALIDONE ORAL TABLET 100MG-25MG		0.07688	10/01/2017	
ATENOLOL/CHLORTHALIDONE ORAL TABLET 50 MG-25MG		0.04553	10/01/2017	
ATOMOXETINE HCL ORAL CAPSULE 10 MG		1.99500	07/01/2018	
ATOMOXETINE HCL ORAL CAPSULE 100 MG		1.66900	01/01/2020	
ATOMOXETINE HCL ORAL CAPSULE 18 MG		1.30000	07/01/2019	
ATOMOXETINE HCL ORAL CAPSULE 25 MG		1.66667	01/01/2019	
ATOMOXETINE HCL ORAL CAPSULE 40 MG		1.56417	01/01/2020	
ATOMOXETINE HCL ORAL CAPSULE 60 MG		1.95716	07/01/2019	
ATOMOXETINE HCL ORAL CAPSULE 80 MG		1.66667	01/01/2020	
ATORVASTATIN CALCIUM ORAL TABLET 10 MG		0.03267	04/01/2017	
ATORVASTATIN CALCIUM ORAL TABLET 20 MG		0.04500	07/01/2018	
ATORVASTATIN CALCIUM ORAL TABLET 40 MG		0.05290	10/01/2017	
ATORVASTATIN CALCIUM ORAL TABLET 80 MG		0.07000	07/01/2018	
ATOVAQUONE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 750 MG/5ML		1.42857	01/01/2020	
ATOVAQUONE/PROGUANIL HCL ORAL TABLET 250-100 MG		2.19550	01/01/2020	
ATOVAQUONE/PROGUANIL HCL ORAL TABLET 62.5-25 MG		0.78180	04/01/2017	
ATRACURIUM BESYLATE INTRAVENOUS VIAL (ML) 10 MG/ML		1.30000	04/01/2017	
ATROPINE SULFATE INJECTION SYRINGE (ML) 0.05 MG/ML		2.31600	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ATROPINE SULFATE INJECTION SYRINGE (ML) 0.1 MG/ML		0.46100	04/01/2017	
ATROPINE SULFATE INJECTION VIAL (ML) 0.4 MG/ML		1.75500	04/01/2017	
ATROPINE SULFATE INJECTION VIAL (ML) 1 MG/ML		5.50000	04/01/2017	
ATROPINE SULFATE OPHTHALMIC DROPS 1 %		9.00400	04/01/2017	
ATROPINE SULFATE OPHTHALMIC OINTMENT (GRAM) 1 %		0.50250	10/01/2017	
ATROPINE SULFATE/PF OPHTHALMIC DROPS 1 %		3.22750	12/12/2011	
AZACITIDINE INJECTION VIAL (EA) 100 MG		311.28000	04/01/2017	
AZATHIOPRINE ORAL TABLET 50 MG		0.17000	01/01/2020	
AZATHIOPRINE SODIUM INJECTION VIAL (EA) 100 MG		250.00000	04/01/2017	
AZELASTINE HCL NASAL AEROSOL, SPRAY WITH PUMP (ML) 137 MCG		0.17700	01/01/2019	
AZELASTINE HCL NASAL AEROSOL, SPRAY WITH PUMP (ML) 205.5 MCG		0.86000	01/01/2019	
AZELASTINE HCL OPHTHALMIC DROPS 0.05 %		1.34555	07/01/2019	
AZITHROMYCIN INTRAVENOUS VIAL (EA) 500 MG		7.32645	10/01/2017	
AZITHROMYCIN INTRAVENOUS VIAL WITH THREADED PORT (EA) 500 MG		7.32645	10/01/2017	
AZITHROMYCIN ORAL PACKET (EA) 1 G		7.50735	10/01/2017	
AZITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 100 MG/5ML		0.43550	10/01/2017	
AZITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML		0.22833	04/01/2017	
AZITHROMYCIN ORAL TABLET 250 MG		0.16333	04/01/2017	
AZITHROMYCIN ORAL TABLET 500 MG		0.41111	04/01/2017	
AZITHROMYCIN ORAL TABLET 600 MG		1.04400	01/01/2019	
AZTREONAM INJECTION VIAL (EA) 1 G		27.31000	04/01/2017	
AZTREONAM INJECTION VIAL (EA) 2 G		54.29100	01/01/2018	
B COMPLEX WITH VITAMIN C ORAL TABLET		0.08573	12/12/2011	
BACITRACIN INTRAMUSCULAR VIAL (EA) 50000 UNIT		5.00000	04/01/2017	
BACITRACIN OPHTHALMIC OINTMENT (GRAM) 500 UNIT/G		24.27142	05/24/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
BACITRACIN TOPICAL OINTMENT (GRAM) 500 UNIT/G		0.05810	04/01/2019	
BACITRACIN TOPICAL PACKET (EA) 500 UNIT/G		0.07141	04/01/2017	
BACITRACIN ZINC TOPICAL OINTMENT (GRAM) 500 UNIT/G		0.07958	04/01/2017	
BACITRACIN ZINC TOPICAL PACKET (EA) 500 UNIT/G		0.20000	04/01/2017	
BACITRACIN ZINC/POLYMYXIN B SULFATE TOPICAL OINTMENT (GRAM) 500-10K/G		0.08063	04/01/2017	
BACITRACIN/POLYMYXIN B SULFATE OPHTHALMIC OINTMENT (GRAM) 500-10K/G		2.05714	10/01/2019	
BACITRACIN/POLYMYXIN B SULFATE TOPICAL OINTMENT (GRAM) 500-10K/G		0.11650	10/01/2017	
BACITRACIN/POLYMYXIN B SULFATE TOPICAL PACKET (EA)		0.19000	04/01/2017	
BACLOFEN MISCELLANEOUS POWDER (GRAM) 100 %		2.73600	12/12/2011	
BACLOFEN ORAL TABLET 10 MG		0.05964	01/01/2019	
BACLOFEN ORAL TABLET 20 MG		0.11550	10/01/2019	
BACTERIOSTATIC SODIUM CHLORIDE INJECTION VIAL (ML) 0.9 %		0.02245	10/01/2017	
BALANCED SALT IRRIG SOLN NO.2 INTRAOCULAR SOLUTION, IRRIGATION		0.02050	04/01/2017	
BALSALAZIDE DISODIUM ORAL CAPSULE 750 MG		0.22496	04/01/2018	
BCG LIVE INTRAVESICAL VIAL (EA) 50 MG		145.15000	04/01/2017	
BENAZEPRIL HCL ORAL TABLET 10 MG		0.01900	01/01/2019	
BENAZEPRIL HCL ORAL TABLET 20 MG		0.03200	04/01/2017	
BENAZEPRIL HCL ORAL TABLET 40 MG		0.05240	04/01/2017	
BENAZEPRIL HCL ORAL TABLET 5 MG		0.02402	10/01/2017	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG		0.63132	04/01/2017	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20 MG-25MG		0.13970	10/01/2017	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG		0.12010	10/01/2017	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 5-6.25MG		0.89470	04/01/2017	
BENOXINATE HCL/FLUORESCEIN SODIUM OPHTHALMIC DROPS 0.4%-0.25%		8.57200	04/01/2017	
BENZALKONIUM CHLORIDE TOPICAL LIQUID (ML)		0.01966	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
BENZETHONIUM CHLORIDE TOPICAL CLEANSER (ML) 0.13 %		0.01064	04/01/2017	
BENZETHONIUM CHLORIDE TOPICAL FOAM (ML) 0.13 %		0.04776	04/01/2017	
BENZETHONIUM CHLORIDE/PETROLATUM,WHITE TOPICAL COMBINATION PACKAGE (EA) 0.13 %		11.60000	04/01/2017	
BENZOCAINE/MENTHOL MUCOUS MEMBRANE LOZENGE 15MG-3.6MG		0.08945	04/01/2017	
BENZOCAINE/TRICLOSAN TOPICAL AEROSOL, SPRAY (GRAM) 20 %-0.13%		0.04611	04/01/2017	
BENZOIN/ALOE VERA/STORAX/TOLU BALSAM TOPICAL TINCTURE 10-2-8-4%		0.07457	04/01/2017	
BENZONATATE ORAL CAPSULE 100 MG		0.06472	10/01/2017	
BENZONATATE ORAL CAPSULE 150 MG		2.20400	04/01/2017	
BENZONATATE ORAL CAPSULE 200 MG		0.10040	10/01/2017	
BENZOYL PEROXIDE MICROSOPHERES TOPICAL CLEANSER (GRAM) 7 %		0.16455	10/01/2017	
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 10 %		0.04441	04/01/2017	
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 3 %		0.10091	04/01/2017	
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 4 %		0.03780	04/01/2017	
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 5 %		0.03825	04/01/2017	
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 6 %		0.06723	04/01/2017	
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 7 %		0.24560	12/12/2011	
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 9%		0.10050	10/01/2017	
BENZOYL PEROXIDE TOPICAL CLEANSER (ML) 7 %		0.16455	10/01/2017	
BENZOYL PEROXIDE TOPICAL FOAM (GRAM) 5.3%		1.75250	04/01/2017	
BENZOYL PEROXIDE TOPICAL FOAM (GRAM) 9.8 %		1.76290	04/01/2017	
BENZOYL PEROXIDE TOPICAL GEL (GRAM) 10 %		0.05755	10/01/2017	
BENZOYL PEROXIDE TOPICAL GEL (GRAM) 2.5 %		0.22872	04/01/2017	
BENZOYL PEROXIDE TOPICAL GEL (GRAM) 5 %		0.04458	10/01/2017	
BENZOYL PEROXIDE TOPICAL GEL (GRAM) 8 %		1.89692	12/12/2011	
BENZOYL PEROXIDE TOPICAL GEL, ALCOHOL BASED 5 %		0.11904	09/01/2011	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
BENZOYL PEROXIDE TOPICAL KIT 4%-5%		79.60385	12/12/2011	
BENZOYL PEROXIDE TOPICAL KIT 8%-5%		82.56923	12/12/2011	
BENZOYL PEROXIDE TOPICAL LOTION (ML) 10 %		0.10843	12/12/2011	
BENZOYL PEROXIDE TOPICAL LOTION (ML) 5 %		0.09493	12/12/2011	
BENZOYL PEROXIDE TOPICAL PADS, MEDICATED (EA) 3 %		4.20950	12/12/2011	
BENZOYL PEROXIDE TOPICAL PADS, MEDICATED (EA) 6 %		2.99050	12/12/2011	
BENZOYL PEROXIDE TOPICAL TOWELETTE (EA) 6 %		5.41260	10/01/2017	
BENZOYL PEROXIDE/UREA TOPICAL CLEANSER (ML) 8.5%-10%		0.11538	12/12/2011	
BENZPHETAMINE HCL ORAL TABLET 25 MG		1.24950	04/01/2017	
BENZPHETAMINE HCL ORAL TABLET 50 MG		0.35330	01/01/2020	
BENZTROPINE MESYLATE INJECTION AMPUL (ML) 2 MG/2 ML		16.50200	04/01/2018	
BENZTROPINE MESYLATE INJECTION VIAL (ML) 2 MG/2 ML		22.50000	04/01/2018	
BENZTROPINE MESYLATE ORAL TABLET 0.5 MG		0.04230	01/01/2019	
BENZTROPINE MESYLATE ORAL TABLET 1 MG		0.08100	01/01/2019	
BENZTROPINE MESYLATE ORAL TABLET 2 MG		0.06000	01/01/2019	
BETAMETHASONE ACETATE/BETAMETHASONE SODIUM PHOSPHATE INJECTION VIAL (ML) 6 MG/ML		6.12900	04/01/2017	
BETAMETHASONE DIPROPIONATE TOPICAL CREAM (GRAM) 0.05 %		0.14044	04/01/2017	
BETAMETHASONE DIPROPIONATE TOPICAL GEL (GRAM) 0.05 %		0.09470	10/01/2017	
BETAMETHASONE DIPROPIONATE TOPICAL LOTION (ML) 0.05 %		0.43250	01/01/2020	
BETAMETHASONE DIPROPIONATE TOPICAL OINTMENT (GRAM) 0.05 %		0.88239	10/01/2017	
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYCOL TOPICAL CREAM (GRAM) 0.05 %		0.14740	04/01/2017	
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYCOL TOPICAL LOTION (ML) 0.05 %		1.83783	07/01/2018	
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYCOL TOPICAL OINTMENT (GRAM) 0.05 %		1.22705	01/01/2020	
BETAMETHASONE VALERATE TOPICAL CREAM (GRAM) 0.1 %		0.42076	10/01/2017	
BETAMETHASONE VALERATE TOPICAL FOAM (GRAM) 0.12 %		2.10000	07/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
BETAMETHASONE VALERATE TOPICAL LOTION (ML) 0.1 %		0.43333	01/01/2020	
BETAMETHASONE VALERATE TOPICAL OINTMENT (GRAM) 0.1 %		0.65111	04/01/2017	
BETAXOLOL HCL OPHTHALMIC DROPS 0.5 %		7.35825	04/01/2017	
BETAXOLOL HCL ORAL TABLET 10 MG		0.51160	10/01/2019	
BETAXOLOL HCL ORAL TABLET 20 MG		0.67258	10/01/2017	
BETHANECHOL CHLORIDE ORAL TABLET 10 MG		0.12834	10/01/2017	
BETHANECHOL CHLORIDE ORAL TABLET 25 MG		0.17580	10/01/2019	
BETHANECHOL CHLORIDE ORAL TABLET 5 MG		0.12190	01/01/2020	
BETHANECHOL CHLORIDE ORAL TABLET 50 MG		0.22678	04/01/2017	
BEXAROTENE ORAL CAPSULE 75 MG		29.80580	07/01/2019	
BICALUTAMIDE ORAL TABLET 50 MG		0.10180	10/01/2018	
BIMATOPROST OPHTHALMIC DROPS 0.03 %		31.09940	04/01/2017	
BIMATOPROST TOPICAL DROPS, WITH APPLICATOR (ML) 0.03 %		29.56600	04/01/2017	
BISACODYL ORAL TABLET 5 MG		0.04472	04/01/2017	
BISACODYL ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 5 MG		0.00715	01/01/2019	
BISACODYL RECTAL SUPPOSITORY, RECTAL 10 MG		0.09958	04/01/2017	
BISACODYL/SODIUM CHLOR/SODIUM BICARB/POTASSIUM CHL/PEG 3350 ORAL KIT 5 MG-210 G		67.05000	04/01/2017	
BISMUTH SUBSALICYLATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 262MG/15ML		0.01037	04/01/2017	
BISMUTH SUBSALICYLATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 525MG/15ML		0.01039	04/01/2017	
BISMUTH SUBSALICYLATE ORAL TABLET 262 MG		0.06690	04/01/2017	
BISMUTH SUBSALICYLATE ORAL TABLET, CHEWABLE 262 MG		0.06753	04/01/2017	
BISOPROLOL FUMARATE ORAL TABLET 10 MG		0.09470	10/01/2017	
BISOPROLOL FUMARATE ORAL TABLET 5 MG		0.14070	10/01/2017	
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 10-6.25MG		0.04171	10/01/2017	
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 2.5-6.25MG		0.03462	04/01/2018	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 5-6.25MG		0.03900	04/01/2017	
BIVALIRUDIN INTRAVENOUS VIAL (EA) 250 MG		508.00000	04/01/2017	
BIVALIRUDIN INTRAVENOUS VIAL WITH THREADED PORT (EA) 250 MG		530.25000	04/01/2017	
BLEOMYCIN SULFATE INJECTION VIAL (EA) 15 UNIT		33.12000	04/01/2017	
BLEOMYCIN SULFATE INJECTION VIAL (EA) 30 UNIT		73.23000	04/01/2017	
BRIMONIDINE TARTRATE OPHTHALMIC DROPS 0.15 %		22.61500	10/01/2017	
BRIMONIDINE TARTRATE OPHTHALMIC DROPS 0.2 %		0.49400	04/01/2017	
BROMFENAC SODIUM OPHTHALMIC DROPS 0.09%		0.00000	04/30/2013	
BROMOCRIPTINE MESYLATE ORAL CAPSULE 5 MG		5.05900	01/01/2019	
BROMOCRIPTINE MESYLATE ORAL TABLET 2.5 MG		1.06633	01/01/2020	
BROMPHENIRAMINE MALEATE/PHENYLEPHRINE HCL ORAL SOLUTION, ORAL 1-2.5 MG/5		0.01839	07/01/2019	
BROMPHENIRAMINE MALEATE/PHENYLEPHRINE HCL ORAL TABLET 4MG-10MG		0.72427	04/01/2017	
BROMPHENIRAMINE MALEATE/PHENYLEPHRINE HCL/DEXTROMETHORPHAN ORAL LIQUID (ML) 2-5-10MG/5		0.06805	04/01/2017	
BROMPHENIRAMINE MALEATE/PHENYLEPHRINE HCL/DEXTROMETHORPHAN ORAL LIQUID (ML) 4-7.5-15/5		0.15421	04/01/2017	
BROMPHENIRAMINE MALEATE/PHENYLEPHRINE HCL/DEXTROMETHORPHAN ORAL SOLUTION, ORAL 1-2.5-5/5		0.01466	07/01/2018	
BROMPHENIRAMINE MALEATE/PSEUDOEPHEDRINE HCL ORAL LIQUID (ML) 1-15MG/5ML		0.01212	04/01/2017	
BROMPHENIRAMINE MALEATE/PSEUDOEPHEDRINE HCL/CHLOPHEDIANOL ORAL LIQUID (ML) 2-30-12.5		0.11205	04/01/2017	
BROMPHENIRAMINE MALEATE/PSEUDOEPHEDRINE HCL/CODEINE PHOSPHAT ORAL LIQUID (ML) 1.3-10-6.3		0.09989	04/01/2017	
BROMPHENIRAMINE MALEATE/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN ORAL SYRUP 2-30-10/5		0.03543	01/01/2019	
BUDESONIDE INHALATION AMPUL FOR NEBULIZATION (ML) 0.25MG/2ML		0.24583	01/01/2019	
BUDESONIDE INHALATION AMPUL FOR NEBULIZATION (ML) 0.5 MG/2ML		0.46667	01/01/2019	
BUDESONIDE INHALATION AMPUL FOR NEBULIZATION (ML) 1 MG/2 ML		4.17000	07/01/2019	
BUDESONIDE NASAL AEROSOL, SPRAY WITH PUMP (GRAM) 32MCG		11.98243	04/01/2017	
BUDESONIDE NASAL AEROSOL, SPRAY WITH PUMP (ML) 32MCG		1.23140	01/01/2019	
BUDESONIDE ORAL CAPSULE, DELAYED, AND EXTENDED RELEASE 3 MG		0.89630	10/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
BUMETANIDE INJECTION VIAL (ML) 0.25 MG/ML		0.24700	04/01/2017	
BUMETANIDE ORAL TABLET 0.5 MG		0.08372	10/01/2017	
BUMETANIDE ORAL TABLET 1 MG		0.26310	01/01/2019	
BUMETANIDE ORAL TABLET 2 MG		0.60180	04/01/2017	
BUPIVACAINE HCL INJECTION VIAL (ML) 2.5 MG/ML		0.04221	10/01/2017	
BUPIVACAINE HCL INJECTION VIAL (ML) 5 MG/ML		0.04760	04/01/2017	
BUPIVACAINE HCL/DEXTROSE-WATER/PF INJECTION AMPUL (ML) 0.75 %		1.14000	04/01/2017	
BUPIVACAINE HCL/EPINEPHRINE INJECTION VIAL (ML) 0.25-.0005		0.10480	04/01/2017	
BUPIVACAINE HCL/EPINEPHRINE INJECTION VIAL (ML) 0.5-1:200K		0.11340	04/01/2017	
BUPIVACAINE HCL/EPINEPHRINE/PF INJECTION VIAL (ML) 0.25-.0005		0.08133	04/01/2017	
BUPIVACAINE HCL/EPINEPHRINE/PF INJECTION VIAL (ML) 0.5-1:200K		0.07000	04/01/2017	
BUPIVACAINE HCL/EPINEPHRINE/PF INJECTION VIAL (ML) 0.75-.0005		0.31033	04/01/2017	
BUPIVACAINE HCL/PF INJECTION AMPUL (ML) 2.5 MG/ML		0.04221	10/01/2017	
BUPIVACAINE HCL/PF INJECTION AMPUL (ML) 5 MG/ML		0.04925	10/01/2017	
BUPIVACAINE HCL/PF INJECTION AMPUL (ML) 7.5 MG/ML		0.21966	04/01/2017	
BUPIVACAINE HCL/PF INJECTION VIAL (ML) 2.5 MG/ML		0.04221	10/01/2017	
BUPIVACAINE HCL/PF INJECTION VIAL (ML) 5 MG/ML		0.04925	10/01/2017	
BUPIVACAINE HCL/PF INJECTION VIAL (ML) 7.5 MG/ML		0.10900	04/01/2017	
BUPRENORPHINE HCL INJECTION SYRINGE (ML) 0.3 MG/ML		2.48235	10/01/2017	
BUPRENORPHINE HCL INJECTION VIAL (ML) 0.3 MG/ML		2.48235	10/01/2017	
BUPRENORPHINE HCL SUBLINGUAL TABLET, SUBLINGUAL 2 MG		0.88200	07/01/2018	
BUPRENORPHINE HCL SUBLINGUAL TABLET, SUBLINGUAL 8 MG		0.97561	01/01/2020	
BUPRENORPHINE HCL/NALOXONE HCL SUBLINGUAL FILM, MEDICATED (EA) 8 MG-2 MG		3.91343	01/01/2020	
BUPRENORPHINE HCL/NALOXONE HCL SUBLINGUAL TABLET, SUBLINGUAL 2 MG-0.5MG		1.13000	07/01/2019	
BUPRENORPHINE HCL/NALOXONE HCL SUBLINGUAL TABLET, SUBLINGUAL 8 MG-2 MG		1.37000	01/01/2020	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
BUPRENORPHINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 10 MCG/HR		72.29000	07/01/2018	
BUPROPION HCL ORAL TABLET 100 MG		0.22570	10/29/2019	
BUPROPION HCL ORAL TABLET 75 MG		0.05590	10/01/2019	
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 12 HR 100 MG		0.07644	04/01/2018	
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 150 MG		0.29964	04/01/2017	
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 24 HR 150 MG		0.09467	01/01/2019	
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 24 HR 300 MG		0.15567	01/01/2019	
BUPROPION HCL ORAL TABLET,SUSTAINED-RELEASE 12 HR 150 MG		0.07530	01/01/2019	
BUPROPION HCL ORAL TABLET,SUSTAINED-RELEASE 12 HR 200 MG		0.08490	04/01/2019	
BUSPIRONE HCL ORAL TABLET 10 MG		0.03980	04/01/2017	
BUSPIRONE HCL ORAL TABLET 15 MG		0.05017	04/01/2017	
BUSPIRONE HCL ORAL TABLET 30 MG		0.21633	04/01/2017	
BUSPIRONE HCL ORAL TABLET 5 MG		0.01317	10/01/2017	
BUSPIRONE HCL ORAL TABLET 7.5 MG		0.33000	01/01/2020	
BUTALBITAL/ACETAMINOPHEN ORAL TABLET 50MG-300MG		2.10690	01/01/2020	
BUTALBITAL/ACETAMINOPHEN ORAL TABLET 50MG-325MG		1.00490	07/01/2017	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL CAPSULE (HARD, SOFT, ETC.) 50-500-40		0.11539	09/01/2011	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL CAPSULE 50-300-40		2.36850	04/01/2017	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL CAPSULE 50-325-40		0.20795	10/01/2017	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL SOLUTION, ORAL 50-325/15		2.36786	04/01/2017	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL TABLET 50-325-40		0.16000	01/01/2019	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL TABLET 50-500-40		0.10575	09/01/2011	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE PHOSPHATE ORAL CAPSULE 50-300-30		4.73878	04/01/2017	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE PHOSPHATE ORAL CAPSULE 50-325-30		0.25879	10/01/2017	
BUTALBITAL/ASPIRIN/CAFFEINE ORAL CAPSULE 50-325-40		0.89900	01/01/2020	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
BUTALBITAL/ASPIRIN/CAFFEINE ORAL TABLET 50-325-40		0.14175	12/12/2011	
BUTOCONAZOLE NITRATE VAGINAL CREAM WITH PREFILLED APPLICATOR 2 %		18.88600	04/01/2017	
BUTORPHANOL TARTRATE INJECTION VIAL (ML) 1 MG/ML		3.99000	04/01/2017	
BUTORPHANOL TARTRATE INJECTION VIAL (ML) 2 MG/ML		3.43500	04/01/2017	
BUTORPHANOL TARTRATE NASAL AEROSOL, SPRAY (ML) 10 MG/ML		5.43860	10/01/2017	
CA CARBONATE/MAG OXIDE/VITAMIN D3/VIT B12/FA/VIT B6/BORON ORAL WAFER 500-300-1		0.80625	12/12/2011	
CABERGOLINE ORAL TABLET 0.5 MG		2.88000	10/01/2019	
CAFFEINE CITRATE INTRAVENOUS VIAL (ML) 60 MG/3 ML		3.87333	04/01/2017	
CAFFEINE CITRATE ORAL SOLUTION, ORAL 60 MG/3 ML		8.46133	04/01/2017	
CAFFEINE ORAL TABLET 200 MG		0.07990	04/01/2017	
CAFFEINE/SODIUM BENZOATE INJECTION VIAL (ML) 250 MG/ML		8.75000	04/01/2017	
CALAMINE TOPICAL LOTION (ML)		0.00485	12/12/2011	
CALAMINE/ZINC OXIDE TOPICAL LOTION (ML) 8 %-8 %		0.00853	04/01/2017	
CALAMINE/ZINC OXIDE/PHENOL LIQUID TOPICAL SUSPENSION, TOPICAL (ML) 8%-8%-1%		0.01451	04/01/2017	
CALCIPOTRIENE TOPICAL CREAM (GRAM) 0.005 %		1.54317	01/01/2020	
CALCIPOTRIENE TOPICAL OINTMENT (GRAM) 0.005 %		1.94917	07/01/2019	
CALCIPOTRIENE TOPICAL SOLUTION, NON-ORAL 0.005 %		1.10183	07/01/2019	
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE TOPICAL OINTMENT (GRAM) 0.005-.064		7.03200	07/01/2019	
CALCITONIN,SALMON,SYNTHETIC NASAL AEROSOL, SPRAY WITH PUMP (ML) 200/SPRAY		7.91081	10/01/2019	
CALCITRIOL INTRAVENOUS AMPUL (ML) 1 MCG/ML		5.99000	04/01/2017	
CALCITRIOL ORAL CAPSULE 0.25 MCG		0.07700	01/01/2019	
CALCITRIOL ORAL CAPSULE 0.5 MCG		0.20400	01/01/2019	
CALCITRIOL ORAL SOLUTION, ORAL 1 MCG/ML		4.59200	10/01/2019	
CALCITRIOL TOPICAL OINTMENT (GRAM) 3 MCG/G		5.53838	04/01/2017	
CALCIUM ACETATE ORAL CAPSULE 667 MG		0.07415	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CALCIUM ACETATE ORAL TABLET 667 MG		0.30825	01/01/2019	
CALCIUM ACETATE/ALUMINUM SULFATE TOPICAL POWDER IN PACKET (EA) 952-1347MG		0.61269	04/01/2017	
CALCIUM CARB/MAG OXIDE/VITAMIN D3/VIT B12/FA/VIT B6/BORON ORAL TABLET 500-1.1MG		0.21483	04/01/2017	
CALCIUM CARBONATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 500 MG/5ML		0.01584	04/01/2017	
CALCIUM CARBONATE ORAL TABLET 260MG(648)		0.00763	04/01/2017	
CALCIUM CARBONATE ORAL TABLET 500(1250)		0.04610	04/01/2017	
CALCIUM CARBONATE ORAL TABLET, CHEWABLE 1177 MG		0.12250	04/01/2017	
CALCIUM CARBONATE ORAL TABLET, CHEWABLE 200(500)MG		0.01390	04/01/2017	
CALCIUM CARBONATE ORAL TABLET, CHEWABLE 215(500)MG		0.01558	04/01/2017	
CALCIUM CARBONATE ORAL TABLET, CHEWABLE 300MG(750)		0.02533	04/01/2017	
CALCIUM CARBONATE ORAL TABLET, CHEWABLE 320MG(750)		0.03116	10/01/2017	
CALCIUM CARBONATE ORAL TABLET, CHEWABLE 400(1000)		0.03075	04/01/2017	
CALCIUM CARBONATE ORAL TABLET, CHEWABLE 500(1250)		0.10993	12/12/2011	
CALCIUM CARBONATE/CHOLECALCIFEROL (VIT D3)/MINERALS ORAL TABLET 600 MG-400		0.10627	12/12/2011	
CALCIUM CARBONATE/CHOLECALCIFEROL (VITAMIN D3) ORAL TABLET 600 MG-400		0.03684	04/01/2013	
CALCIUM CARBONATE/CHOLECALCIFEROL (VITAMIN D3) ORAL TABLET, CHEWABLE 500 MG-100		0.02196	09/01/2011	
CALCIUM CARBONATE/MAGNESIUM HYDROXIDE ORAL TABLET, CHEWABLE 550-110 MG		0.01606	04/01/2017	
CALCIUM CARBONATE/MAGNESIUM HYDROXIDE ORAL TABLET, CHEWABLE 700-300MG		0.04428	04/01/2017	
CALCIUM CARBONATE/SIMETHICONE ORAL TABLET, CHEWABLE 1000-60 MG		0.02644	04/01/2017	
CALCIUM CHLORIDE INTRAVENOUS SYRINGE (ML) 100 MG/ML		0.62000	04/01/2017	
CALCIUM CHLORIDE INTRAVENOUS VIAL (ML) 100 MG/ML		0.32500	04/01/2017	
CALCIUM CITRATE ORAL TABLET 200(950)MG		0.03981	12/12/2011	
CALCIUM CITRATE/CHOLECALCIFEROL (VITAMIN D3) ORAL TABLET 315MG-250		0.08766	12/12/2011	
CALCIUM GLUCONATE INTRAVENOUS VIAL (ML) 100 MG/ML		0.02320	10/01/2017	
CALCIUM GLUCONATE ORAL TABLET 45(500) MG		0.14866	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CALCIUM ORAL TABLET 500 MG		0.09219	12/12/2011	
CALCIUM POLYCARBOPHIL ORAL TABLET 625 MG		0.05361	04/01/2017	
CAMPHOR/PHENOL TOPICAL SOLUTION, NON-ORAL 10.8-4.7%		0.05533	04/01/2017	
CANDESARTAN CILEXETIL ORAL TABLET 16 MG		0.82000	07/01/2019	
CANDESARTAN CILEXETIL ORAL TABLET 32 MG		1.69833	01/01/2019	
CANDESARTAN CILEXETIL ORAL TABLET 4 MG		1.45322	01/01/2020	
CANDESARTAN CILEXETIL ORAL TABLET 8 MG		1.25400	10/01/2019	
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE ORAL TABLET 16-12.5MG		1.35534	10/01/2017	
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE ORAL TABLET 32-12.5MG		1.35534	10/01/2017	
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE ORAL TABLET 32MG-25MG		2.03670	10/01/2017	
CAPECITABINE ORAL TABLET 150 MG		1.58333	10/01/2019	
CAPECITABINE ORAL TABLET 500 MG		2.93750	04/01/2019	
CAPSAICIN TOPICAL CREAM (GRAM) 0.025 %		0.07664	04/01/2017	
CAPSAICIN TOPICAL CREAM (GRAM) 0.075 %		0.10794	12/12/2011	
CAPSAICIN TOPICAL LIQUID (ML) 0.15 %		0.10500	04/01/2017	
CAPTOPRIL ORAL TABLET 100 MG		1.85176	04/01/2017	
CAPTOPRIL ORAL TABLET 12.5 MG		0.40733	10/01/2017	
CAPTOPRIL ORAL TABLET 25 MG		0.34070	01/01/2019	
CAPTOPRIL ORAL TABLET 50 MG		0.77990	01/01/2020	
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG-15MG		0.81140	04/01/2017	
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG-25MG		0.97380	04/01/2017	
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 50 MG-15MG		1.59263	04/01/2017	
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 50 MG-25MG		1.55824	04/01/2017	
CARBAMAZEPINE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 12HR 100 MG		0.23867	01/01/2018	
CARBAMAZEPINE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 12HR 200 MG		0.31180	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CARBAMAZEPINE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 12HR 300 MG		0.31229	01/01/2018	
CARBAMAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/5ML		0.04480	10/01/2017	
CARBAMAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/5ML		0.11324	07/01/2017	
CARBAMAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 200MG/10ML		0.37890	04/01/2017	
CARBAMAZEPINE ORAL TABLET 200 MG		0.21978	05/16/2019	
CARBAMAZEPINE ORAL TABLET, EXTENDED RELEASE 12 HR 100 MG		0.44550	07/01/2018	
CARBAMAZEPINE ORAL TABLET, EXTENDED RELEASE 12 HR 200 MG		0.84990	07/01/2019	
CARBAMAZEPINE ORAL TABLET, EXTENDED RELEASE 12 HR 400 MG		1.50000	07/01/2019	
CARBAMAZEPINE ORAL TABLET,CHEWABLE 100 MG		0.21800	01/01/2019	
CARBAMIDE PEROXIDE OTIC DROPS 6.5 %		0.06800	10/01/2017	
CARBIDOPA ORAL TABLET 25 MG		1.74950	07/01/2019	
CARBIDOPA/LEVODOPA ORAL TABLET 10MG-100MG		0.10165	07/01/2019	
CARBIDOPA/LEVODOPA ORAL TABLET 25MG-100MG		0.07824	04/01/2017	
CARBIDOPA/LEVODOPA ORAL TABLET 25MG-250MG		0.13000	04/01/2017	
CARBIDOPA/LEVODOPA ORAL TABLET, EXTENDED RELEASE 25MG-100MG		0.18045	04/01/2019	
CARBIDOPA/LEVODOPA ORAL TABLET, EXTENDED RELEASE 50MG-200MG		0.18000	01/01/2019	
CARBIDOPA/LEVODOPA ORAL TABLET,DISINTEGRATING 10MG-100MG		0.80168	10/01/2017	
CARBIDOPA/LEVODOPA ORAL TABLET,DISINTEGRATING 25MG-100MG		0.72343	04/01/2017	
CARBIDOPA/LEVODOPA ORAL TABLET,DISINTEGRATING 25MG-250MG		0.85410	04/01/2018	
CARBIDOPA/LEVODOPA/ENTACAPONE ORAL TABLET 12.5-50 MG		0.90720	04/01/2018	
CARBIDOPA/LEVODOPA/ENTACAPONE ORAL TABLET 18.75-75MG		3.00060	04/01/2017	
CARBIDOPA/LEVODOPA/ENTACAPONE ORAL TABLET 25-100-200		1.31240	04/01/2017	
CARBIDOPA/LEVODOPA/ENTACAPONE ORAL TABLET 31.25-125		1.13280	04/01/2019	
CARBIDOPA/LEVODOPA/ENTACAPONE ORAL TABLET 37.5-150MG		0.98410	01/01/2020	
CARBIDOPA/LEVODOPA/ENTACAPONE ORAL TABLET 50-200-200		0.54950	07/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CARBINOXAMINE MALEATE ORAL LIQUID (ML) 4 MG/5 ML		0.09219	04/01/2017	
CARBINOXAMINE MALEATE ORAL TABLET 4 MG		0.36702	04/01/2017	
CARBOPLATIN INTRAVENOUS VIAL (ML) 10 MG/ML		0.49016	04/01/2017	
CARBOPLATIN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 150 MG		45.00015	09/01/2011	
CARBOXYMETHYLCELLULOSE SODIUM OPHTHALMIC DROPPERETTE, SINGLE-USE DROP DISPENSER 0.5 %		0.16327	04/01/2017	
CARDIOPLEGIC SOLUTION NO.1 PERFUSION PLASTIC BAG, PERFUSION (ML) K+=16MEQ/L		0.04429	04/01/2017	
CARISOPRODOL ORAL TABLET 250 MG		1.87370	07/01/2018	
CARISOPRODOL ORAL TABLET 350 MG		0.03439	10/01/2017	
CARISOPRODOL/ASPIRIN ORAL TABLET 200-325 MG		0.23965	10/01/2017	
CARISOPRODOL/ASPIRIN/CODEINE PHOSPHATE ORAL TABLET 200-325-16		1.93760	04/01/2017	
CARTEOLOL HCL OPHTHALMIC DROPS 1 %		1.26108	04/01/2017	
CARVEDILOL ORAL TABLET 12.5 MG		0.01862	04/01/2017	
CARVEDILOL ORAL TABLET 25 MG		0.02210	04/01/2017	
CARVEDILOL ORAL TABLET 3.125 MG		0.01744	04/01/2017	
CARVEDILOL ORAL TABLET 6.25 MG		0.01686	04/01/2017	
CARVEDILOL PHOSPHATE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 10 MG		6.59633	01/01/2020	
CARVEDILOL PHOSPHATE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 20 MG		5.82500	07/01/2018	
CARVEDILOL PHOSPHATE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 40 MG		5.73967	01/01/2020	
CARVEDILOL PHOSPHATE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 80 MG		5.99833	01/01/2019	
CASTOR OIL ORAL OIL (ML)		0.02079	04/01/2017	
CEFACLOR ORAL CAPSULE 250 MG		1.37133	04/01/2018	
CEFACLOR ORAL CAPSULE 500 MG		1.57649	04/01/2017	
CEFACLOR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML		0.06958	10/01/2017	
CEFACLOR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML		0.08504	10/01/2017	
CEFACLOR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 375 MG/5ML		0.13915	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CEFACTOR ORAL TABLET, EXTENDED RELEASE 12 HR 500 MG		12.83910	04/01/2017	
CEFADROXIL ORAL CAPSULE 500 MG		0.11000	07/01/2018	
CEFADROXIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML		0.20630	01/01/2020	
CEFADROXIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 500 MG/5ML		0.24250	01/01/2019	
CEFADROXIL ORAL TABLET 1 G		1.66247	10/01/2017	
CEFAZOLIN SODIUM INJECTION VIAL (EA) 1 G		0.65003	10/01/2017	
CEFAZOLIN SODIUM INJECTION VIAL (EA) 10 G		10.30000	10/16/2019	
CEFAZOLIN SODIUM INJECTION VIAL (EA) 20 G		31.53000	04/01/2017	
CEFAZOLIN SODIUM INJECTION VIAL (EA) 500 MG		1.40000	04/01/2017	
CEFAZOLIN SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 1 G		1.05525	10/01/2017	
CEFAZOLIN SODIUM/DEXTROSE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 1 G/50 ML		4.20000	04/01/2017	
CEFAZOLIN SODIUM/DEXTROSE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 2 G/50 ML		7.30000	04/01/2017	
CEFAZOLIN SODIUM/DEXTROSE, ISO-OSMOTIC INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 1 G/50 ML		0.08960	04/01/2017	
CEFAZOLIN SODIUM/DEXTROSE, ISO-OSMOTIC INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 2 G/100 ML		0.09250	04/01/2017	
CEFDINIR ORAL CAPSULE 300 MG		0.23250	04/01/2017	
CEFDINIR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML		0.04490	07/01/2018	
CEFDINIR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML		0.08317	07/01/2018	
CEFEPIME HCL IN DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 1 G/50 ML		11.33000	04/01/2017	
CEFEPIME HCL IN DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 2 G/50 ML		17.09000	04/01/2017	
CEFEPIME HCL IN ISO-OSMOTIC DEXTROSE INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 1 G/50 ML		0.53120	04/01/2017	
CEFEPIME HCL IN ISO-OSMOTIC DEXTROSE INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 2 G/100 ML		0.42580	04/01/2017	
CEFEPIME HCL INJECTION VIAL (EA) 1 G		4.04600	10/01/2019	
CEFEPIME HCL INJECTION VIAL (EA) 2 G		3.93300	04/01/2018	
CEFIXIME ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 100 MG/5ML		2.90880	04/01/2017	
CEFIXIME ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML		6.12396	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CEFOTAXIME SODIUM INJECTION VIAL (EA) 1 G		2.20000	04/01/2017	
CEFOTAXIME SODIUM INJECTION VIAL (EA) 10 G		27.00000	04/01/2017	
CEFOTAXIME SODIUM INJECTION VIAL (EA) 2 G		5.00000	04/01/2017	
CEFOTAXIME SODIUM INJECTION VIAL (EA) 500 MG		1.50000	04/01/2017	
CEFOTETAN DISODIUM IN ISO-OSMOTIC DEXTROSE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 1 G/50 ML		15.08958	04/01/2017	
CEFOTETAN DISODIUM IN ISO-OSMOTIC DEXTROSE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 2 G/50 ML		20.90000	04/01/2017	
CEFOTETAN DISODIUM INJECTION VIAL (EA) 1 G		19.23000	04/01/2017	
CEFOTETAN DISODIUM INJECTION VIAL (EA) 2 G		38.47000	04/01/2017	
CEFOTETAN DISODIUM INTRAVENOUS VIAL (EA) 10 G		190.45000	04/01/2017	
CEFOXITIN SODIUM INTRAVENOUS VIAL (EA) 1 G		3.21000	04/01/2017	
CEFOXITIN SODIUM INTRAVENOUS VIAL (EA) 10 G		50.00000	04/01/2017	
CEFOXITIN SODIUM INTRAVENOUS VIAL (EA) 2 G		6.41000	04/01/2017	
CEFOXITIN SODIUM/DEXTROSE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 1 G/50 ML		11.16000	04/01/2017	
CEFOXITIN SODIUM/DEXTROSE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 2 G/50 ML		20.50000	04/01/2017	
CEFPODOXIME PROXETIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 100 MG/5ML		1.23114	04/01/2017	
CEFPODOXIME PROXETIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 50 MG/5 ML		0.37104	10/01/2017	
CEFPODOXIME PROXETIL ORAL TABLET 100 MG		0.85950	10/01/2019	
CEFPODOXIME PROXETIL ORAL TABLET 200 MG		3.06428	10/01/2017	
CEFPROZIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML		0.14400	04/01/2019	
CEFPROZIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML		0.11250	01/01/2019	
CEFPROZIL ORAL TABLET 250 MG		0.71478	04/01/2017	
CEFPROZIL ORAL TABLET 500 MG		1.28468	04/01/2017	
CEFTAZIDIME IN DEXTROSE 5% AND WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 1 G/50 ML		10.44000	04/01/2017	
CEFTAZIDIME IN DEXTROSE 5% AND WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 2 G/50 ML		14.59000	04/01/2017	
CEFTAZIDIME INJECTION VIAL (EA) 1 G		3.42947	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CEFTAZIDIME INJECTION VIAL (EA) 2 G		8.92440	10/01/2017	
CEFTAZIDIME INJECTION VIAL (EA) 6 G		22.05000	04/01/2017	
CEFTAZIDIME INTRAVENOUS VIAL WITH THREADED PORT (EA) 1 G		4.05015	10/01/2017	
CEFTAZIDIME INTRAVENOUS VIAL WITH THREADED PORT (EA) 2 G		10.89000	04/01/2017	
CEFTIBUTEN ORAL CAPSULE 400 MG		27.34000	04/01/2017	
CEFTIBUTEN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 180 MG/5ML		7.68883	04/01/2017	
CEFTRIAXONE SODIUM IN ISO-OSMOTIC DEXTROSE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 1 G/50 ML		11.60000	04/01/2017	
CEFTRIAXONE SODIUM IN ISO-OSMOTIC DEXTROSE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 2 G/50 ML		18.54000	04/01/2017	
CEFTRIAXONE SODIUM IN ISO-OSMOTIC DEXTROSE INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 1 G/50 ML		0.28380	04/01/2017	
CEFTRIAXONE SODIUM IN ISO-OSMOTIC DEXTROSE INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 2 G/50 ML		0.67220	04/01/2017	
CEFTRIAXONE SODIUM INJECTION VIAL (EA) 1 G		0.92998	10/01/2019	
CEFTRIAXONE SODIUM INJECTION VIAL (EA) 10 G		14.68750	04/01/2017	
CEFTRIAXONE SODIUM INJECTION VIAL (EA) 2 G		0.21605	07/01/2019	
CEFTRIAXONE SODIUM INJECTION VIAL (EA) 250 MG		0.08900	07/01/2018	
CEFTRIAXONE SODIUM INJECTION VIAL (EA) 500 MG		0.85100	10/01/2017	
CEFTRIAXONE SODIUM INTRAVENOUS IV SOLUTION, PIGGYBACK, BOTTLE (EA) 1 G		4.78269	12/12/2011	
CEFTRIAXONE SODIUM INTRAVENOUS IV SOLUTION, PIGGYBACK, BOTTLE (EA) 2 G		5.64000	12/12/2011	
CEFTRIAXONE SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 1 G		3.20440	10/01/2017	
CEFTRIAXONE SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 2 G		10.12940	10/01/2017	
CEFUROXIME AXETIL ORAL TABLET 250 MG		0.24572	10/01/2017	
CEFUROXIME AXETIL ORAL TABLET 500 MG		0.25850	01/01/2019	
CEFUROXIME SODIUM INJECTION VIAL (EA) 750 MG		2.20000	04/01/2017	
CEFUROXIME SODIUM INTRAVENOUS VIAL (EA) 1.5 G		4.50000	04/01/2017	
CEFUROXIME SODIUM INTRAVENOUS VIAL (EA) 7.5 G		2.70577	10/01/2017	
CELECOXIB ORAL CAPSULE 100 MG		0.12320	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CELECOXIB ORAL CAPSULE 200 MG		0.07190	07/01/2018	
CELECOXIB ORAL CAPSULE 400 MG		1.10389	04/01/2017	
CELECOXIB ORAL CAPSULE 50 MG		0.17967	10/01/2019	
CEPHALEXIN ORAL CAPSULE 250 MG		0.02950	07/01/2018	
CEPHALEXIN ORAL CAPSULE 500 MG		0.05500	07/01/2018	
CEPHALEXIN ORAL CAPSULE 750 MG		5.35800	04/01/2017	
CEPHALEXIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML		0.02335	10/01/2017	
CEPHALEXIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML		0.06115	01/01/2019	
CEPHALEXIN ORAL TABLET 250 MG		1.24230	04/01/2017	
CEPHALEXIN ORAL TABLET 500 MG		0.56893	10/01/2017	
CETIRIZINE HCL ORAL SOLUTION, ORAL 1 MG/ML		0.02083	04/01/2017	
CETIRIZINE HCL ORAL SOLUTION, ORAL 5 MG/5 ML		0.02354	04/01/2017	
CETIRIZINE HCL ORAL TABLET 10 MG		0.04008	04/01/2017	
CETIRIZINE HCL ORAL TABLET 5 MG		0.02870	01/01/2020	
CETIRIZINE HCL ORAL TABLET, CHEWABLE 10 MG		0.44304	10/01/2017	
CETIRIZINE HCL ORAL TABLET, CHEWABLE 5 MG		0.44304	10/01/2017	
CETIRIZINE HCL/PSEUDOEPHEDRINE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 5 MG-120MG		0.63292	01/01/2018	
CEVIMELINE HCL ORAL CAPSULE 30 MG		0.99270	04/01/2019	
CHLORAMPHENICOL SOD SUCCINATE INTRAVENOUS VIAL (EA) 1 G		38.92000	04/01/2017	
CHLORDIAZEPOXIDE HCL ORAL CAPSULE 10 MG		0.06897	04/01/2017	
CHLORDIAZEPOXIDE HCL ORAL CAPSULE 25 MG		0.06512	04/01/2017	
CHLORDIAZEPOXIDE HCL ORAL CAPSULE 5 MG		0.08933	04/01/2017	
CHLORDIAZEPOXIDE/CLIDINIUM BROMIDE ORAL CAPSULE 5 MG-2.5MG		0.11665	10/01/2017	
CHLORHEXIDINE GLUCONATE MUCOUS MEMBRANE MOUTHWASH 0.12 %		0.00269	10/01/2017	
CHLORHEXIDINE GLUCONATE TOPICAL LIQUID (ML) 4 %		0.01390	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CHLORHEXIDINE GLUCONATE/GLYCERIN/HYDROXYETHYLCELLULOSE TOPICAL JELLY (GRAM)		0.02054	12/12/2011	
CHLOROQUINE PHOSPHATE ORAL TABLET 250 MG		3.03610	04/01/2017	
CHLOROQUINE PHOSPHATE ORAL TABLET 500 MG		1.81329	10/01/2017	
CHLOROTHIAZIDE ORAL TABLET 250 MG		0.08241	10/01/2017	
CHLOROTHIAZIDE ORAL TABLET 500 MG		0.10084	10/01/2017	
CHLOROTHIAZIDE SODIUM INTRAVENOUS VIAL (EA) 500 MG		99.80000	04/01/2017	
CHLORPHENIRAMINE MALEATE ORAL SYRUP 2 MG/5 ML		0.03171	04/01/2017	
CHLORPHENIRAMINE MALEATE ORAL TABLET 4 MG		0.01457	10/01/2017	
CHLORPHENIRAMINE MALEATE ORAL TABLET, EXTENDED RELEASE 12 MG		0.34468	04/01/2017	
CHLORPHENIRAMINE MALEATE/DEXTROMETHORPHAN HBR ORAL TABLET 4 MG-30 MG		0.08634	04/01/2017	
CHLORPHENIRAMINE MALEATE/PHENYLEPHRINE BITARTRATE/ASPIRIN ORAL TABLET, EFFERVESCENT 2-7.8-325		0.11250	04/01/2017	
CHLORPHENIRAMINE MALEATE/PHENYLEPHRINE HCL ORAL DROPS 1-2.5MG/ML		0.73666	04/01/2017	
CHLORPHENIRAMINE MALEATE/PHENYLEPHRINE HCL ORAL LIQUID (ML) 4-10MG/5ML		0.03281	04/01/2017	
CHLORPHENIRAMINE MALEATE/PHENYLEPHRINE HCL ORAL TABLET 4MG-10MG		0.13130	04/01/2017	
CHLORPHENIRAMINE MALEATE/PHENYLEPHRINE HCL/DEXTROMETHORPHAN ORAL LIQUID (ML) 4-10-15/5		0.05421	04/01/2017	
CHLORPHENIRAMINE MALEATE/PSEUDOEPHEDRINE HCL ORAL LIQUID (ML) 2-30MG/5ML		0.04731	04/01/2017	
CHLORPHENIRAMINE MALEATE/PSEUDOEPHEDRINE HCL ORAL TABLET 4 MG-60 MG		0.05102	04/01/2017	
CHLORPHENIRAMINE MALEATE/PSEUDOEPHEDRINE/DEXTROMETHORPHAN ORAL LIQUID (ML) 1-15-5MG/5		0.01441	04/01/2017	
CHLORPROMAZINE HCL INJECTION AMPUL (ML) 25 MG/ML		13.10820	04/01/2018	
CHLORPROMAZINE HCL ORAL TABLET 10 MG		0.27497	10/01/2017	
CHLORPROMAZINE HCL ORAL TABLET 100 MG		3.26785	07/01/2019	
CHLORPROMAZINE HCL ORAL TABLET 200 MG		4.49950	10/01/2017	
CHLORPROMAZINE HCL ORAL TABLET 25 MG		1.50000	01/01/2019	
CHLORPROMAZINE HCL ORAL TABLET 50 MG		2.93002	07/01/2019	
CHLORPROPAMIDE ORAL TABLET 100 MG		0.12370	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CHLORPROPAMIDE ORAL TABLET 250 MG		0.26285	10/01/2017	
CHLORTHALIDONE ORAL TABLET 25 MG		0.36824	10/01/2019	
CHLORTHALIDONE ORAL TABLET 50 MG		0.10501	10/01/2017	
CHLORZOXAZONE ORAL TABLET 250 MG		0.05538	12/12/2011	
CHLORZOXAZONE ORAL TABLET 500 MG		0.03387	10/01/2017	
CHOLECALCIFEROL (VITAMIN D3) ORAL CAPSULE 10000 UNIT		0.66709	04/01/2017	
CHOLESTYRAMINE (WITH SUGAR) ORAL POWDER (GRAM) 4 G		0.15730	10/01/2017	
CHOLESTYRAMINE (WITH SUGAR) ORAL POWDER IN PACKET (EA) 4 G		1.13699	10/01/2018	
CHOLESTYRAMINE/ASPARTAME ORAL POWDER (GRAM) 4 G		0.16658	01/01/2019	
CHOLESTYRAMINE/ASPARTAME ORAL POWDER IN PACKET (EA) 4 G		0.15773	07/01/2018	
CHOLINE SALICYLATE/MAGNESIUM SALICYLATE ORAL TABLET 500 MG		0.11617	07/01/2011	
CHOLINE SALICYLATE/MAGNESIUM SALICYLATE ORAL TABLET 750 MG		0.12367	07/01/2011	
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR VIAL (EA) 10000 UNIT		144.72000	10/01/2017	
CHROMIC CHLORIDE INTRAVENOUS VIAL (ML) 4 MCG/ML		0.05033	10/01/2017	
CICLOPIROX OLAMINE TOPICAL CREAM (GRAM) 0.77 %		0.15427	07/01/2019	
CICLOPIROX OLAMINE TOPICAL SUSPENSION, TOPICAL (ML) 0.77 %		0.23679	10/01/2017	
CICLOPIROX TOPICAL GEL (GRAM) 0.77 %		0.90599	01/01/2020	
CICLOPIROX TOPICAL SHAMPOO 1 %		0.19917	07/01/2019	
CICLOPIROX TOPICAL SOLUTION, NON-ORAL 8 %		1.76752	01/01/2020	
CIDOFOVIR INTRAVENOUS VIAL (ML) 75 MG/ML		148.00000	04/01/2017	
CILOSTAZOL ORAL TABLET 100 MG		0.05433	04/01/2019	
CILOSTAZOL ORAL TABLET 50 MG		0.07400	01/01/2019	
CIMETIDINE HCL ORAL SOLUTION, ORAL 300 MG/5ML		0.05149	04/01/2017	
CIMETIDINE ORAL TABLET 200 MG		0.05316	10/01/2017	
CIMETIDINE ORAL TABLET 300 MG		0.22900	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CIMETIDINE ORAL TABLET 400 MG		0.04865	10/01/2017	
CIMETIDINE ORAL TABLET 800 MG		0.74363	04/01/2017	
CINACALCET HCL ORAL TABLET 30 MG		16.56660	01/01/2020	
CIPROFLOXACIN HCL OPHTHALMIC DROPS 0.3 %		0.38994	10/01/2017	
CIPROFLOXACIN HCL ORAL TABLET 100 MG		0.34480	10/01/2017	
CIPROFLOXACIN HCL ORAL TABLET 250 MG		0.09145	04/01/2017	
CIPROFLOXACIN HCL ORAL TABLET 500 MG		0.08120	04/01/2017	
CIPROFLOXACIN HCL ORAL TABLET 750 MG		0.14532	10/01/2017	
CIPROFLOXACIN HCL OTIC DROPPERETTE, SINGLE-USE DROP DISPENSER 0.2 %		5.22369	04/01/2017	
CIPROFLOXACIN LACTATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 200MG/0.1L		0.02130	04/01/2017	
CIPROFLOXACIN LACTATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 400MG/0.2L		0.01103	10/01/2017	
CIPROFLOXACIN ORAL SUSPENSION, MICROCAPSULE RECONSTITUTED 250 MG/5ML		0.97520	04/01/2017	
CIPROFLOXACIN ORAL SUSPENSION, MICROCAPSULE RECONSTITUTED 500 MG/5ML		1.40410	04/01/2017	
CIPROFLOXACIN/CIPROFLOXACIN HCL ORAL TABLET,EXTENDED RELEASE MULTIPHASE 24 HR 1000 MG		6.37788	10/01/2017	
CIPROFLOXACIN/CIPROFLOXACIN HCL ORAL TABLET,EXTENDED RELEASE MULTIPHASE 24 HR 500 MG		5.68143	10/01/2017	
CISATRACURIUM BESYLATE INTRAVENOUS VIAL (ML) 10 MG/ML		13.52500	04/01/2017	
CISATRACURIUM BESYLATE INTRAVENOUS VIAL (ML) 2 MG/ML		2.30000	04/01/2017	
CISPLATIN INTRAVENOUS VIAL (ML) 1 MG/ML		0.31445	04/01/2017	
CITALOPRAM HYDROBROMIDE ORAL SOLUTION, ORAL 10 MG/5 ML		0.24867	07/01/2019	
CITALOPRAM HYDROBROMIDE ORAL TABLET 10 MG		0.02137	04/01/2018	
CITALOPRAM HYDROBROMIDE ORAL TABLET 20 MG		0.01742	07/01/2017	
CITALOPRAM HYDROBROMIDE ORAL TABLET 40 MG		0.02778	07/01/2017	
CITRIC ACID/SODIUM CITRATE ORAL SOLUTION, ORAL 334-500MG		0.01571	04/01/2017	
CLADRIBINE INTRAVENOUS VIAL (ML) 10 MG/10ML		35.00000	04/01/2017	
CLARITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML		0.21645	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CLARITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML		0.64605	10/01/2017	
CLARITHROMYCIN ORAL TABLET 250 MG		0.34333	04/01/2017	
CLARITHROMYCIN ORAL TABLET 500 MG		0.38333	04/01/2017	
CLARITHROMYCIN ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG		1.24967	07/01/2018	
CLEMASTINE FUMARATE ORAL SYRUP 0.67MG/5ML		0.05708	07/01/2011	
CLEMASTINE FUMARATE ORAL TABLET 1.34 MG		0.11147	10/01/2017	
CLEMASTINE FUMARATE ORAL TABLET 2.68 MG		0.33967	10/01/2017	
CLINDAMYCIN HCL ORAL CAPSULE 150 MG		0.06040	01/01/2019	
CLINDAMYCIN HCL ORAL CAPSULE 300 MG		0.11600	01/01/2019	
CLINDAMYCIN HCL ORAL CAPSULE 75 MG		0.35363	10/01/2017	
CLINDAMYCIN PALMITATE HCL ORAL SOLUTION, RECONSTITUTED, ORAL 75 MG/5 ML		0.20550	01/01/2018	
CLINDAMYCIN PHOSPHATE INJECTION VIAL (ML) 150 MG/ML		0.26901	10/01/2017	
CLINDAMYCIN PHOSPHATE INTRAVENOUS VIAL WITH THREADED PORT (ML) 300 MG/2ML		1.97000	04/01/2017	
CLINDAMYCIN PHOSPHATE INTRAVENOUS VIAL WITH THREADED PORT (ML) 600 MG/4ML		1.06000	04/01/2017	
CLINDAMYCIN PHOSPHATE INTRAVENOUS VIAL WITH THREADED PORT (ML) 900MG/6ML		0.71500	04/01/2017	
CLINDAMYCIN PHOSPHATE TOPICAL FOAM (GRAM) 1 %		2.16935	10/01/2017	
CLINDAMYCIN PHOSPHATE TOPICAL GEL (GRAM) 1 %		0.90033	01/01/2020	
CLINDAMYCIN PHOSPHATE TOPICAL LOTION (ML) 1 %		0.75000	07/01/2018	
CLINDAMYCIN PHOSPHATE TOPICAL SOLUTION, NON-ORAL 1 %		0.28030	01/01/2020	
CLINDAMYCIN PHOSPHATE TOPICAL SWAB, MEDICATED 1 %		0.23333	07/01/2018	
CLINDAMYCIN PHOSPHATE VAGINAL CREAM WITH APPLICATOR 2 %		0.44421	10/01/2017	
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE TOPICAL GEL (GRAM) 1 %-5 %		2.53943	10/01/2017	
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE TOPICAL GEL (GRAM) 1.2(1)%-5%		1.17000	07/01/2019	
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE TOPICAL GEL WITH PUMP (GRAM) 1 %-5 %		2.95000	07/01/2018	
CLINDAMYCIN PHOSPHATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 300MG/50ML		0.08800	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CLINDAMYCIN PHOSPHATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 600MG/50ML		0.13200	04/01/2017	
CLINDAMYCIN PHOSPHATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 900MG/50ML		0.15400	04/01/2017	
CLINDAMYCIN PHOSPHATE/TRETINOIN TOPICAL GEL (GRAM) 1.2-0.025%		8.33783	07/01/2018	
CLOBAZAM ORAL TABLET 10 MG		0.35000	01/01/2020	
CLOBETASOL PROPIONATE TOPICAL CREAM (GRAM) 0.05 %		0.54400	10/01/2019	
CLOBETASOL PROPIONATE TOPICAL FOAM (GRAM) 0.05 %		1.33681	10/01/2017	
CLOBETASOL PROPIONATE TOPICAL GEL (GRAM) 0.05 %		1.25150	10/01/2019	
CLOBETASOL PROPIONATE TOPICAL LOTION (ML) 0.05 %		0.67797	01/01/2020	
CLOBETASOL PROPIONATE TOPICAL OINTMENT (GRAM) 0.05 %		0.48989	01/01/2020	
CLOBETASOL PROPIONATE TOPICAL SHAMPOO 0.05 %		1.47407	01/01/2020	
CLOBETASOL PROPIONATE TOPICAL SOLUTION, NON-ORAL 0.05 %		0.11135	10/01/2017	
CLOBETASOL PROPIONATE TOPICAL SPRAY, NON-AEROSOL (ML) 0.05 %		3.10384	04/01/2017	
CLOBETASOL PROPIONATE/EMOLLIENT BASE TOPICAL CREAM (GRAM) 0.05 %		0.15458	10/01/2017	
CLOBETASOL PROPIONATE/EMOLLIENT BASE TOPICAL FOAM (GRAM) 0.05 %		1.95920	01/01/2020	
CLOCORTOLONE PIVALATE TOPICAL CREAM (GRAM) 0.1 %		5.82128	04/01/2017	
CLOMIPHENE CITRATE ORAL TABLET 50 MG		0.57133	07/01/2018	
CLOMIPRAMINE HCL ORAL CAPSULE 25 MG		3.50000	04/01/2019	
CLOMIPRAMINE HCL ORAL CAPSULE 50 MG		3.05920	01/01/2020	
CLOMIPRAMINE HCL ORAL CAPSULE 75 MG		1.58230	01/01/2020	
CLONAZEPAM ORAL TABLET 0.5 MG		0.01293	07/01/2017	
CLONAZEPAM ORAL TABLET 1 MG		0.01496	07/01/2017	
CLONAZEPAM ORAL TABLET 2 MG		0.02000	01/01/2019	
CLONAZEPAM ORAL TABLET,DISINTEGRATING 0.125 MG		0.54167	07/01/2018	
CLONAZEPAM ORAL TABLET,DISINTEGRATING 0.25 MG		0.38000	10/01/2017	
CLONAZEPAM ORAL TABLET,DISINTEGRATING 0.5 MG		0.51100	01/01/2020	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CLONAZEPAM ORAL TABLET,DISINTEGRATING 1 MG		0.73641	04/01/2017	
CLONAZEPAM ORAL TABLET,DISINTEGRATING 2 MG		1.12061	04/01/2017	
CLONIDINE HCL ORAL TABLET 0.1 MG		0.01015	10/01/2017	
CLONIDINE HCL ORAL TABLET 0.2 MG		0.01800	01/01/2019	
CLONIDINE HCL ORAL TABLET 0.3 MG		0.03250	04/01/2017	
CLONIDINE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 0.1 MG		0.32467	04/01/2017	
CLONIDINE HCL/CHLORTHALIDONE ORAL TABLET 0.1MG-15MG		2.21950	04/01/2017	
CLONIDINE HCL/CHLORTHALIDONE ORAL TABLET 0.2-15MG		2.96920	04/01/2017	
CLONIDINE HCL/CHLORTHALIDONE ORAL TABLET 0.3MG-15MG		3.63170	04/01/2017	
CLONIDINE HCL/PF EPIDURAL VIAL (ML) 1000MCG/10		2.00000	04/01/2017	
CLONIDINE HCL/PF EPIDURAL VIAL (ML) 5000MCG/10		9.80000	04/01/2017	
CLONIDINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.1MG/24HR		6.50000	01/01/2019	
CLONIDINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.2MG/24HR		14.01500	07/01/2019	
CLONIDINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.3MG/24HR		18.75000	07/01/2018	
CLOPIDOGREL BISULFATE ORAL TABLET 300 MG		13.28633	04/01/2017	
CLOPIDOGREL BISULFATE ORAL TABLET 75 MG		0.03568	01/01/2019	
CLORAZEPATE DIPOTASSIUM ORAL TABLET 15 MG		2.43454	04/01/2017	
CLORAZEPATE DIPOTASSIUM ORAL TABLET 3.75 MG		0.64250	04/01/2017	
CLORAZEPATE DIPOTASSIUM ORAL TABLET 7.5 MG		0.08593	10/01/2017	
CLOTRIMAZOLE MUCOUS MEMBRANE TROCHE 10 MG		0.25714	07/01/2018	
CLOTRIMAZOLE TOPICAL CREAM (GRAM) 1 %		0.07200	04/01/2017	
CLOTRIMAZOLE TOPICAL SOLUTION, NON-ORAL 1 %		1.19833	07/30/2019	
CLOTRIMAZOLE VAGINAL CREAM WITH APPLICATOR 1 %		0.07339	04/01/2017	
CLOTRIMAZOLE VAGINAL CREAM WITH APPLICATOR 2 %		0.31448	04/01/2017	
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE TOPICAL CREAM (GRAM) 1 %-0.05 %		0.24252	01/01/2020	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE TOPICAL LOTION (ML) 1 %-0.05 %		2.40733	01/01/2020	
CLOZAPINE ORAL TABLET 100 MG		0.25570	01/01/2020	
CLOZAPINE ORAL TABLET 200 MG		1.04025	10/01/2019	
CLOZAPINE ORAL TABLET 25 MG		0.18480	04/01/2019	
CLOZAPINE ORAL TABLET 50 MG		0.29070	10/01/2019	
CLOZAPINE ORAL TABLET,DISINTEGRATING 100 MG		4.51730	10/01/2019	
CLOZAPINE ORAL TABLET,DISINTEGRATING 12.5 MG		1.78200	04/01/2017	
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG		17.26320	04/01/2017	
CLOZAPINE ORAL TABLET,DISINTEGRATING 200 MG		19.47760	07/01/2018	
CLOZAPINE ORAL TABLET,DISINTEGRATING 25 MG		2.39760	04/01/2017	
COAL TAR TOPICAL SHAMPOO		0.06462	12/12/2011	
COAL TAR TOPICAL SHAMPOO 0.5 %		0.01016	04/01/2017	
CODEINE PHOSPHATE/BUTALBITAL/ASPIRIN/CAFFEINE ORAL CAPSULE 30-50-325		0.43503	10/01/2017	
CODEINE PHOSPHATE/GUAIFENESIN ORAL LIQUID (ML) 10-100MG/5		0.11280	04/01/2017	
CODEINE PHOSPHATE/GUAIFENESIN ORAL LIQUID (ML) 10-100MG/5		0.00686	10/01/2017	
CODEINE PHOSPHATE/GUAIFENESIN ORAL LIQUID (ML) 20-200/10		0.06520	04/01/2017	
CODEINE PHOSPHATE/GUAIFENESIN ORAL LIQUID (ML) 6.3-100/5		0.03805	04/01/2017	
CODEINE PHOSPHATE/GUAIFENESIN ORAL LIQUID (ML) 8-200 MG/5		0.06763	04/01/2017	
CODEINE SULFATE ORAL TABLET 15 MG		0.36870	04/01/2017	
CODEINE SULFATE ORAL TABLET 30 MG		0.31600	01/01/2018	
CODEINE SULFATE ORAL TABLET 60 MG		0.65268	04/01/2017	
COLCHICINE ORAL CAPSULE 0.6 MG		4.07064	04/01/2017	
COLCHICINE ORAL TABLET 0.6 MG		4.00000	04/01/2017	
COLESEVELAM HCL ORAL TABLET 625 MG		0.55550	01/01/2020	
COLESTIPOL HCL ORAL GRANULES (GRAM) 5 G		0.14302	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
COLESTIPOL HCL ORAL PACKET (EA) 5 G		0.18167	10/01/2017	
COLESTIPOL HCL ORAL TABLET 1 G		0.49000	01/01/2020	
COLISTIN (AS COLISTIMETHATE SODIUM) INJECTION VIAL (EA) 150 MG		16.08333	04/01/2017	
COLLAGENASE CLOSTRIDIUM HISTOLYTICUM TOPICAL OINTMENT (GRAM) 250 UNIT/G		9.70950	07/01/2016	
CORTISONE ACETATE ORAL TABLET 25 MG		0.26130	10/01/2017	
COSYNTROPIN INJECTION VIAL (EA) 0.25 MG		80.20000	04/01/2017	
CROMOLYN SODIUM INHALATION AMPUL FOR NEBULIZATION (ML) 20 MG/2 ML		0.12370	10/01/2017	
CROMOLYN SODIUM NASAL AEROSOL, SPRAY WITH PUMP (ML) 5.2 MG		0.27109	04/01/2017	
CROMOLYN SODIUM OPHTHALMIC DROPS 4 %		0.35977	04/01/2017	
CROMOLYN SODIUM ORAL CONCENTRATE, ORAL 20 MG/ML		0.79561	04/01/2017	
CUPRIC CHLORIDE INTRAVENOUS VIAL (ML) 0.4 MG/ML		0.05025	10/01/2017	
CYANOCOBALAMIN (VITAMIN B-12) INJECTION VIAL (ML) 1000MCG/ML		2.77440	04/01/2017	
CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET 100 MCG		0.04532	12/12/2011	
CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET 1000 MCG		0.04328	04/01/2013	
CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET 500 MCG		0.06658	12/12/2011	
CYANOCOBALAMIN/FOLIC ACID/PYRIDOXINE ORAL TABLET 0.5-2.2-25		0.15375	09/01/2011	
CYANOCOBALAMIN/FOLIC ACID/PYRIDOXINE ORAL TABLET 1-2.2-25MG		0.17213	10/01/2017	
CYANOCOBALAMIN/FOLIC ACID/PYRIDOXINE ORAL TABLET 1-2.5-25MG		0.32211	04/01/2018	
CYANOCOBALAMIN/FOLIC ACID/PYRIDOXINE ORAL TABLET 2-2.5-25MG		0.28988	10/01/2017	
CYCLOBENZAPRINE HCL ORAL CAPSULE, EXT RELEASE 24 HR 15 MG		0.00000	06/29/2012	
CYCLOBENZAPRINE HCL ORAL CAPSULE, EXT RELEASE 24 HR 30 MG		15.56850	12/12/2011	
CYCLOBENZAPRINE HCL ORAL TABLET 10 MG		0.00299	01/01/2019	
CYCLOBENZAPRINE HCL ORAL TABLET 5 MG		0.02000	04/01/2017	
CYCLOBENZAPRINE HCL ORAL TABLET 7.5 MG		1.42000	07/01/2019	
CYCLOPENTOLATE HCL OPHTHALMIC DROPS 0.5 %		4.10133	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
CYCLOPENTOLATE HCL OPHTHALMIC DROPS 1 %		1.54569	10/01/2017	
CYCLOPENTOLATE HCL OPHTHALMIC DROPS 2 %		5.65200	07/01/2018	
CYCLOPHOSPHAMIDE INTRAVENOUS VIAL (EA) 1 G		569.22000	04/01/2017	
CYCLOPHOSPHAMIDE INTRAVENOUS VIAL (EA) 2 G		33.92424	10/01/2017	
CYCLOPHOSPHAMIDE INTRAVENOUS VIAL (EA) 500 MG		357.02057	04/01/2017	
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG		5.41412	04/01/2017	
CYCLOPHOSPHAMIDE ORAL CAPSULE 50 MG		9.19240	04/01/2017	
CYCLOSERINE ORAL CAPSULE 250 MG		37.83333	04/01/2017	
CYCLOSPORINE INTRAVENOUS AMPUL (ML) 250 MG/5ML		7.82120	04/01/2017	
CYCLOSPORINE ORAL CAPSULE 100 MG		2.20752	10/01/2017	
CYCLOSPORINE ORAL CAPSULE 25 MG		0.60033	10/01/2017	
CYCLOSPORINE ORAL SOLUTION, ORAL 100 MG/ML		6.83100	12/12/2011	
CYCLOSPORINE, MODIFIED ORAL CAPSULE 100 MG		1.19000	04/01/2017	
CYCLOSPORINE, MODIFIED ORAL CAPSULE 25 MG		0.22367	04/01/2017	
CYCLOSPORINE, MODIFIED ORAL CAPSULE 50 MG		1.06400	10/01/2018	
CYCLOSPORINE, MODIFIED ORAL SOLUTION, ORAL 100 MG/ML		1.76740	04/01/2019	
CYPROHEPTADINE HCL ORAL SYRUP 2 MG/5 ML		0.06679	04/01/2017	
CYPROHEPTADINE HCL ORAL SYRUP 4 MG/10 ML		0.24687	04/01/2017	
CYPROHEPTADINE HCL ORAL TABLET 4 MG		0.14405	01/01/2020	
CYSTEINE HCL INTRAVENOUS VIAL (ML) 50 MG/ML		0.19388	10/01/2017	
CYTARABINE INJECTION VIAL (ML) 20 MG/ML		0.61360	04/01/2017	
CYTARABINE/PF INJECTION VIAL (ML) 100 MG/5ML		0.95000	04/01/2017	
CYTARABINE/PF INJECTION VIAL (ML) 2 G/20 ML		0.83850	04/01/2019	
CYTARABINE/PF INJECTION VIAL (ML) 20 MG/ML		0.40000	04/01/2017	
DACARBAZINE INTRAVENOUS VIAL (EA) 100 MG		9.45000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DACARBAZINE INTRAVENOUS VIAL (EA) 200 MG		12.00000	04/01/2017	
DALFAMPRIDINE ORAL TABLET, EXTENDED RELEASE 12 HR 10 MG		0.82500	01/01/2020	
DANAZOL ORAL CAPSULE 100 MG		3.80800	04/01/2017	
DANAZOL ORAL CAPSULE 200 MG		3.10456	04/01/2017	
DANAZOL ORAL CAPSULE 50 MG		2.53760	04/01/2017	
DANTROLENE SODIUM INTRAVENOUS VIAL (EA) 20 MG		70.00000	04/01/2017	
DANTROLENE SODIUM ORAL CAPSULE 100 MG		0.97500	07/01/2018	
DANTROLENE SODIUM ORAL CAPSULE 25 MG		0.35000	01/01/2019	
DANTROLENE SODIUM ORAL CAPSULE 50 MG		0.38970	10/01/2019	
DAPSONE ORAL TABLET 100 MG		1.28933	01/01/2020	
DAPSONE ORAL TABLET 25 MG		0.54950	10/01/2019	
DAPTOMYCIN INTRAVENOUS VIAL (EA) 500 MG		180.00000	10/01/2018	
DARIFENACIN HYDROBROMIDE ORAL TABLET, EXTENDED RELEASE 24 HR 15 MG		3.05067	04/01/2019	
DARIFENACIN HYDROBROMIDE ORAL TABLET, EXTENDED RELEASE 24 HR 7.5 MG		2.60744	01/01/2020	
DAUNORUBICIN HCL INTRAVENOUS VIAL (ML) 5 MG/ML		19.72375	04/01/2017	
DECITABINE INTRAVENOUS VIAL (EA) 50 MG		1200.00000	04/01/2017	
DEFEROXAMINE MESYLATE INJECTION VIAL (EA) 2 G		25.12875	04/01/2017	
DEFEROXAMINE MESYLATE INJECTION VIAL (EA) 500 MG		7.27477	10/01/2017	
DEMECLOCYCLINE HCL ORAL TABLET 150 MG		1.30000	01/01/2019	
DEMECLOCYCLINE HCL ORAL TABLET 300 MG		1.00729	01/01/2020	
DESIPRAMINE HCL ORAL TABLET 10 MG		0.71980	07/01/2019	
DESIPRAMINE HCL ORAL TABLET 100 MG		2.72630	04/01/2017	
DESIPRAMINE HCL ORAL TABLET 150 MG		3.32920	04/01/2017	
DESIPRAMINE HCL ORAL TABLET 25 MG		0.87520	07/01/2018	
DESIPRAMINE HCL ORAL TABLET 50 MG		1.79239	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DESIPRAMINE HCL ORAL TABLET 75 MG		1.95724	10/01/2017	
DESLORATADINE ORAL TABLET 5 MG		0.29000	01/01/2019	
DESLORATADINE ORAL TABLET,DISINTEGRATING 2.5 MG		4.85433	04/01/2017	
DESLORATADINE ORAL TABLET,DISINTEGRATING 5 MG		4.85433	04/01/2017	
DESMOPRESSIN ACETATE (NON-REFRIGERATED) NASAL AEROSOL, SPRAY WITH PUMP (ML) 10/SPRAY		13.65263	07/01/2017	
DESMOPRESSIN ACETATE INJECTION AMPUL (ML) 4 MCG/ML		8.57000	04/01/2017	
DESMOPRESSIN ACETATE INJECTION VIAL (ML) 4 MCG/ML		5.90000	04/01/2017	
DESMOPRESSIN ACETATE ORAL TABLET 0.1 MG		0.47590	10/01/2017	
DESMOPRESSIN ACETATE ORAL TABLET 0.2 MG		0.47340	01/01/2019	
DESOGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.15-0.03		0.15333	01/01/2019	
DESOGESTREL-ETHINYL ESTRADIOL ORAL TABLET 7 DAYS X 3		0.52119	04/01/2017	
DESOGESTREL-ETHINYL ESTRADIOL/ETHINYL ESTRADIOL ORAL TABLET 21-5		0.37988	04/01/2018	
DESONIDE TOPICAL CREAM (GRAM) 0.05 %		0.66500	01/01/2020	
DESONIDE TOPICAL LOTION (ML) 0.05 %		1.66017	01/01/2020	
DESONIDE TOPICAL OINTMENT (GRAM) 0.05 %		0.28224	10/01/2017	
DESOXIMETASONE TOPICAL CREAM (GRAM) 0.05 %		2.57933	01/01/2020	
DESOXIMETASONE TOPICAL CREAM (GRAM) 0.25 %		0.67867	07/01/2019	
DESOXIMETASONE TOPICAL GEL (GRAM) 0.05 %		1.53370	10/01/2017	
DESOXIMETASONE TOPICAL OINTMENT (GRAM) 0.05 %		3.76300	04/01/2017	
DESOXIMETASONE TOPICAL OINTMENT (GRAM) 0.25 %		0.29867	01/01/2020	
DESVENLAFAXINE FUMARATE ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG		4.64366	04/01/2017	
DESVENLAFAXINE FUMARATE ORAL TABLET, EXTENDED RELEASE 24 HR 50 MG		4.64366	04/01/2017	
DESVENLAFAXINE ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG		6.26667	04/01/2017	
DESVENLAFAXINE ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG		4.15295	04/01/2017	
DESVENLAFAXINE ORAL TABLET, EXTENDED RELEASE 24 HR 50 MG		3.95267	01/01/2018	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DESVENLAFAXINE ORAL TABLET, EXTENDED RELEASE 24 HR 50 MG		8.28600	04/01/2017	
DESVENLAFAXINE SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG		0.50550	01/01/2020	
DESVENLAFAXINE SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 25 MG		0.83167	01/01/2020	
DESVENLAFAXINE SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 50 MG		0.66667	01/01/2018	
DEXAMETHASONE ORAL ELIXIR 0.5 MG/5ML		0.11713	04/01/2017	
DEXAMETHASONE ORAL SOLUTION, ORAL 0.5 MG/5ML		0.03860	04/01/2018	
DEXAMETHASONE ORAL TABLET 0.5 MG		0.04221	04/01/2017	
DEXAMETHASONE ORAL TABLET 0.75 MG		0.04550	10/01/2017	
DEXAMETHASONE ORAL TABLET 1 MG		0.22179	04/01/2017	
DEXAMETHASONE ORAL TABLET 1.5 MG		0.07502	04/01/2017	
DEXAMETHASONE ORAL TABLET 2 MG		0.39870	07/01/2018	
DEXAMETHASONE ORAL TABLET 4 MG		0.09250	04/01/2017	
DEXAMETHASONE ORAL TABLET 6 MG		0.34402	10/01/2017	
DEXAMETHASONE SOD PHOSPHATE INJECTION SYRINGE (ML) 4 MG/ML		1.19000	04/01/2017	
DEXAMETHASONE SOD PHOSPHATE INJECTION VIAL (ML) 10 MG/ML		0.96239	10/01/2017	
DEXAMETHASONE SOD PHOSPHATE INJECTION VIAL (ML) 4 MG/ML		1.19930	04/01/2017	
DEXAMETHASONE SOD PHOSPHATE OPHTHALMIC DROPS 0.1 %		1.74669	10/01/2017	
DEXAMETHASONE SODIUM PHOSPHATE/PF INJECTION VIAL (ML) 10 MG/ML		1.70000	04/01/2017	
DEXBROMPHENIRAMINE MALEATE ORAL TABLET 2 MG		0.61230	04/01/2017	
DEXBROMPHENIRAMINE MALEATE/PSEUDOEPHEDRINE HCL ORAL TABLET 2 MG-60 MG		0.36450	04/01/2017	
DEXMEDETOMIDINE HCL INTRAVENOUS VIAL (ML) 1000MCG/10		19.49500	04/01/2017	
DEXMEDETOMIDINE HCL INTRAVENOUS VIAL (ML) 200MCG/2ML		9.54500	04/01/2017	
DEXMEDETOMIDINE HCL INTRAVENOUS VIAL (ML) 400MCG/4ML		19.73750	04/01/2017	
DEXMETHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 10 MG		3.94250	04/01/2019	
DEXMETHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 15 MG		2.38530	01/01/2020	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DESMETHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 20 MG		3.40000	07/01/2019	
DESMETHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 25 MG		11.04370	04/01/2017	
DESMETHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 30 MG		4.31900	01/01/2020	
DESMETHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 35 MG		9.62510	04/01/2017	
DESMETHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 40 MG		5.08135	04/01/2017	
DESMETHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 5 MG		4.03380	10/01/2018	
DESMETHYLPHENIDATE HCL ORAL TABLET 10 MG		0.67393	10/01/2019	
DESMETHYLPHENIDATE HCL ORAL TABLET 2.5 MG		0.30488	04/01/2017	
DESMETHYLPHENIDATE HCL ORAL TABLET 5 MG		0.44517	04/01/2017	
DEXRAZOXANE HCL INTRAVENOUS VIAL (EA) 250 MG		274.26000	04/01/2017	
DEXRAZOXANE HCL INTRAVENOUS VIAL (EA) 500 MG		548.51000	04/01/2017	
DEXTRAN 40 IN 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 10 %		0.05462	04/01/2017	
DEXTRAN 40 IN DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 10 %		0.05306	04/01/2017	
DEXTRAN 70/HYPROMELLOSE OPHTHALMIC DROPS 0.1%-0.3%		0.12464	04/01/2017	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 10 MG		1.38990	07/01/2019	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 15 MG		1.20000	07/01/2019	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 20 MG		0.95660	01/01/2020	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 25 MG		2.63350	07/01/2017	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 30 MG		1.30217	07/01/2019	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 5 MG		1.00560	07/01/2018	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 10 MG		0.32200	10/01/2019	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 12.5 MG		0.52640	04/01/2018	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 15 MG		0.41140	10/01/2019	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 20 MG		0.26550	04/01/2017	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 30 MG		0.25810	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 5 MG		0.25450	01/01/2019	
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 7.5 MG		0.32083	10/01/2017	
DEXTROAMPHETAMINE SULFATE ORAL CAPSULE, EXTENDED RELEASE 10 MG		1.51000	07/01/2019	
DEXTROAMPHETAMINE SULFATE ORAL CAPSULE, EXTENDED RELEASE 15 MG		3.56665	04/01/2017	
DEXTROAMPHETAMINE SULFATE ORAL CAPSULE, EXTENDED RELEASE 5 MG		2.06516	04/01/2017	
DEXTROAMPHETAMINE SULFATE ORAL SOLUTION, ORAL 5 MG/5 ML		1.46846	04/01/2017	
DEXTROAMPHETAMINE SULFATE ORAL TABLET 10 MG		0.62000	07/01/2019	
DEXTROAMPHETAMINE SULFATE ORAL TABLET 5 MG		0.20991	10/01/2017	
DEXTROMETHORPHAN HBR ORAL CAPSULE 15 MG		0.11250	04/01/2017	
DEXTROMETHORPHAN HBR ORAL LIQUID (ML) 15 MG/5 ML		0.02527	04/01/2017	
DEXTROMETHORPHAN HBR ORAL SYRUP 7.5MG/5ML		0.04154	12/12/2011	
DEXTROMETHORPHAN HBR/ACETAMINOPHEN/DOXYLAMINE ORAL CAPSULE 15MG-325MG		0.11526	04/01/2017	
DEXTROMETHORPHAN HBR/ACETAMINOPHEN/DOXYLAMINE ORAL LIQUID (ML) 15-325/15		0.01108	04/01/2017	
DEXTROMETHORPHAN HBR/ACETAMINOPHEN/DOXYLAMINE ORAL LIQUID (ML) 30-12.5/30		0.01054	04/01/2017	
DEXTROMETHORPHAN HBR/DOXYLAMINE SUCCINATE ORAL SOLUTION, ORAL 15-6.25/15		0.01244	04/01/2017	
DEXTROMETHORPHAN HBR/PHENYLEPHRINE HCL ORAL LIQUID (ML) 5-2.5 MG/5		0.04194	04/01/2017	
DEXTROMETHORPHAN HBR/PHENYLEPHRINE HCL/ACETAMINOPHEN ORAL CAPSULE 10-5-325MG		0.11831	04/01/2017	
DEXTROMETHORPHAN HBR/PHENYLEPHRINE HCL/ACETAMINOPHEN ORAL LIQUID (ML) 5-325MG/15		0.01165	04/01/2017	
DEXTROMETHORPHAN HBR/PHENYLEPHRINE HCL/ACETAMINOPHEN ORAL POWDER IN PACKET (EA) 20-10-650		0.59166	04/01/2017	
DEXTROMETHORPHAN HBR/PHENYLEPHRINE HCL/ACETAMINOPHEN ORAL TABLET 10-5-325MG		0.07984	04/01/2017	
DEXTROMETHORPHAN HBR/PHENYLEPHRINE HCL/CHLORPHENIRAMINE ORAL DROPS 3-3.5-1/ML		0.35250	09/01/2011	
DEXTROMETHORPHAN HBR/PHENYLEPHRINE/ACETAMINOPHEN/DOXYLAMINE ORAL CAPSULE 5-325-6.25		0.63562	04/01/2017	
DEXTROMETHORPHAN HBR/PHENYLEPHRINE/ACETAMINOPHEN/DOXYLAMINE ORAL LIQUID (ML) 5-325MG/15		0.01379	04/01/2017	
DEXTROMETHORPHAN POLISTIREX ORAL SUSPENSION, EXTENDED RELEASE 12 HR 30 MG/5 ML		0.05735	04/01/2017	
DEXTROMETHORPHAN/PHENYLEPHRINE/ACETAMINOPHEN/CHLORPHENIRAMINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 5-2.5-160		0.01652	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DEXTROMETHORPHAN/PHENYLEPHRINE/ACETAMINOPHEN/CHLORPHENIRAMIN ORAL TABLET 10-5-325-2		0.07375	04/01/2017	
DEXTROMETHORPHAN/PHENYLEPHRINE/ACETAMINOPHEN/CHLORPHENIRAMIN ORAL TABLET, SEQUENTIAL 10-5-325-2		0.13720	04/01/2017	
DEXTROSE 10 % AND 0.2 % SODIUM CHLORIDE INTRAVENOUS DEHP-FREE BAG, INJECTION (ML) 10 %-0.2 %		0.00860	04/01/2017	
DEXTROSE 10 % AND 0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 10%-0.45%		0.00497	04/01/2017	
DEXTROSE 10 % IN WATER INTRAVENOUS DEHP-FREE BAG, INJECTION (ML) 10 %		0.00230	04/01/2017	
DEXTROSE 10 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 10 %		0.00525	04/01/2017	
DEXTROSE 2.5 % AND 0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 2.5%-0.45%		0.00195	04/01/2017	
DEXTROSE 20 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 20 %		0.02328	04/01/2017	
DEXTROSE 25 % IN WATER INTRAVENOUS SYRINGE (ML) 25 %		0.76400	04/01/2017	
DEXTROSE 30 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 30 %		0.02376	04/01/2017	
DEXTROSE 40 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 40 %		0.02428	04/01/2017	
DEXTROSE 5 % AND 0.2 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 5 %-0.2 %		0.00195	04/01/2017	
DEXTROSE 5 % AND 0.3 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 5 %-0.3 %		0.00195	04/01/2017	
DEXTROSE 5 % AND 0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 5 %-0.45 %		0.00695	10/01/2017	
DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 5 %-0.9 %		0.00129	10/01/2017	
DEXTROSE 5 % IN LACTATED RINGERS INTRAVENOUS INTRAVENOUS SOLUTION 5 %		0.00645	10/01/2017	
DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 5 %		0.01232	10/01/2017	
DEXTROSE 5 % IN WATER INTRAVENOUS PIGGYBACK WITH THREADED PORT (ML)		0.01252	04/01/2017	
DEXTROSE 5 % IN WATER INTRAVENOUS PIGGYBACK WITH VIAL PORT (NON-THREADED)		0.00347	10/01/2017	
DEXTROSE 5% IN RINGERS INTRAVENOUS INTRAVENOUS SOLUTION 5 %		0.00231	12/12/2011	
DEXTROSE 50 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 50 %		0.00482	10/01/2017	
DEXTROSE 50 % IN WATER INTRAVENOUS SYRINGE (ML) 50 %		0.14640	04/01/2017	
DEXTROSE 50 % IN WATER INTRAVENOUS VIAL (ML) 50 %		0.04940	04/01/2017	
DEXTROSE 70 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 70 %		0.00271	10/01/2017	
DEXTROSE ORAL GEL (GRAM) 40 %		0.17549	04/01/2014	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DEXTROSE ORAL TABLET, CHEWABLE 4 G		0.15392	12/12/2011	
DIAZEPAM INJECTION SYRINGE (ML) 5 MG/ML		11.77375	04/01/2017	
DIAZEPAM INJECTION VIAL (ML) 5 MG/ML		0.62009	10/01/2017	
DIAZEPAM ORAL CONCENTRATE, ORAL 5 MG/ML		0.88533	10/01/2018	
DIAZEPAM ORAL SOLUTION, ORAL 5 MG/5 ML		0.11536	04/01/2017	
DIAZEPAM ORAL SOLUTION, ORAL 5 MG/5 ML		0.76600	04/01/2017	
DIAZEPAM ORAL TABLET 10 MG		0.01936	04/01/2017	
DIAZEPAM ORAL TABLET 2 MG		0.01566	04/01/2018	
DIAZEPAM ORAL TABLET 5 MG		0.02030	04/01/2017	
DIAZEPAM RECTAL KIT 12.5-15-20		233.43600	04/01/2017	
DIAZEPAM RECTAL KIT 2.5 MG		220.37333	04/01/2017	
DIAZEPAM RECTAL KIT 5-7.5-10MG		234.39000	01/01/2020	
DIBUCAINE TOPICAL OINTMENT (GRAM) 1 %		0.05025	10/01/2017	
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH, TRANSDERMAL 12 HOURS 1.3 %		7.29200	01/01/2020	
DICLOFENAC POTASSIUM ORAL TABLET 50 MG		0.08917	10/01/2017	
DICLOFENAC SODIUM OPHTHALMIC DROPS 0.1 %		1.23512	04/01/2017	
DICLOFENAC SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 25 MG		0.14688	10/01/2017	
DICLOFENAC SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 50 MG		0.05783	04/01/2017	
DICLOFENAC SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 75 MG		0.04530	01/01/2019	
DICLOFENAC SODIUM ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG		0.19545	01/01/2018	
DICLOFENAC SODIUM TOPICAL DROPS 1.5 %		0.11873	01/01/2020	
DICLOFENAC SODIUM TOPICAL GEL (GRAM) 1 %		0.16500	07/01/2018	
DICLOFENAC SODIUM TOPICAL GEL (GRAM) 3 %		1.48000	07/01/2018	
DICLOFENAC SODIUM/MISOPROSTOL ORAL TABLET, IMMEDIATE, DELAY RELEASE, BIPHASE 50 MG-200		1.56576	04/01/2017	
DICLOFENAC SODIUM/MISOPROSTOL ORAL TABLET, IMMEDIATE, DELAY RELEASE, BIPHASE 75 MG-200		1.74367	07/01/2018	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DICLOXACILLIN SODIUM ORAL CAPSULE 250 MG		0.19177	10/01/2017	
DICLOXACILLIN SODIUM ORAL CAPSULE 500 MG		0.37986	10/01/2017	
DICYCLOMINE HCL INTRAMUSCULAR VIAL (ML) 10 MG/ML		24.23850	04/01/2017	
DICYCLOMINE HCL ORAL CAPSULE 10 MG		0.02503	04/01/2017	
DICYCLOMINE HCL ORAL SOLUTION, ORAL 10 MG/5 ML		0.18397	04/01/2017	
DICYCLOMINE HCL ORAL TABLET 20 MG		0.03550	04/01/2017	
DIDANOSINE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 200 MG		2.81942	10/01/2017	
DIDANOSINE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 250 MG		3.58322	10/01/2017	
DIDANOSINE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 400 MG		5.57777	10/01/2017	
DIETHYLPROPION HCL ORAL TABLET 25 MG		0.17596	04/01/2017	
DIETHYLPROPION HCL ORAL TABLET, EXTENDED RELEASE 75 MG		0.69364	04/01/2017	
DIFLORASONE DIACETATE TOPICAL CREAM (GRAM) 0.05 %		2.44969	10/01/2017	
DIFLORASONE DIACETATE TOPICAL OINTMENT (GRAM) 0.05 %		0.29966	10/01/2017	
DIFLORASONE DIACETATE/EMOLLIENT BASE TOPICAL CREAM (GRAM) 0.05 %		1.05061	10/01/2017	
DIFLUNISAL ORAL TABLET 500 MG		0.61858	10/01/2017	
DIGOXIN INJECTION AMPUL (ML) 250 MCG/ML		2.75000	04/01/2017	
DIGOXIN ORAL SOLUTION, ORAL 0.25MG/5ML		1.26000	04/01/2017	
DIGOXIN ORAL SOLUTION, ORAL 50 MCG/ML		0.44969	04/01/2017	
DIGOXIN ORAL TABLET 125 MCG		0.19990	10/01/2017	
DIGOXIN ORAL TABLET 250 MCG		0.25700	01/01/2019	
DIHYDROERGOTAMINE MESYLATE INJECTION AMPUL (ML) 1 MG/ML		28.74880	10/01/2017	
DIHYDROERGOTAMINE MESYLATE NASAL AEROSOL, SPRAY WITH PUMP (ML) 0.5MG/SPRY		348.00000	04/01/2017	
DILTIAZEM HCL INTRAVENOUS VIAL (ML) 5 MG/ML		0.20000	04/01/2017	
DILTIAZEM HCL INTRAVENOUS VIAL WITH THREADED PORT (EA) 100 MG		12.09000	04/01/2017	
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 120 MG		0.08874	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 180 MG		0.14267	01/01/2019	
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 240 MG		0.17133	01/01/2019	
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 300 MG		0.21600	01/01/2019	
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 360 MG		3.75550	01/01/2018	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 120 MG		2.76340	04/01/2017	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 60 MG		2.18310	01/01/2018	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 90 MG		0.52635	10/01/2017	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 120 MG		0.15856	07/01/2017	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 180 MG		0.19022	07/01/2017	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 240 MG		0.41667	01/01/2018	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 360 MG		0.39467	04/01/2019	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 300 MG		0.64937	04/01/2017	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 420 MG		1.16224	04/01/2017	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED-RELEASE DEGRADABLE 120 MG		0.38278	04/01/2017	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED-RELEASE DEGRADABLE 180 MG		0.37498	04/01/2017	
DILTIAZEM HCL ORAL CAPSULE, EXTENDED-RELEASE DEGRADABLE 240 MG		0.40600	04/01/2017	
DILTIAZEM HCL ORAL TABLET 120 MG		0.08592	10/01/2017	
DILTIAZEM HCL ORAL TABLET 30 MG		0.06250	01/01/2019	
DILTIAZEM HCL ORAL TABLET 60 MG		0.04100	10/01/2017	
DILTIAZEM HCL ORAL TABLET 90 MG		0.19409	04/01/2017	
DILTIAZEM HCL ORAL TABLET, EXTENDED RELEASE 24 HR 180 MG		1.63333	07/01/2019	
DILTIAZEM HCL ORAL TABLET, EXTENDED RELEASE 24 HR 240 MG		2.07119	04/01/2017	
DILTIAZEM HCL ORAL TABLET, EXTENDED RELEASE 24 HR 300 MG		3.30042	04/01/2017	
DILTIAZEM HCL ORAL TABLET, EXTENDED RELEASE 24 HR 360 MG		2.40333	01/01/2019	
DILTIAZEM HCL ORAL TABLET, EXTENDED RELEASE 24 HR 420 MG		3.13330	07/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DILUENT FOR EPOPROSTENOL SODIUM (GLYCINE) INTRAVENOUS VIAL (ML)		0.17317	10/01/2017	
DIMENHYDRINATE INJECTION VIAL (ML) 50 MG/ML		10.03000	04/01/2017	
DIMENHYDRINATE ORAL TABLET 50 MG		0.04903	04/01/2017	
DIMETHICONE TOPICAL CLEANSER (ML) 1.5 %		0.03021	04/01/2017	
DIMETHICONE TOPICAL CREAM (GRAM) 5 %		0.12596	04/01/2017	
DIMETHICONE TOPICAL OINTMENT (GRAM) 1 %		0.06663	04/01/2017	
DIOXYBENZONE/PADIMATE O/HYDROQUINONE TOPICAL CREAM (GRAM) 3%-5%-4%		0.51852	09/01/2011	
DIPHENHYDRAMINE HCL INJECTION SYRINGE (ML) 50 MG/ML		0.09548	10/01/2017	
DIPHENHYDRAMINE HCL INJECTION VIAL (ML) 50 MG/ML		0.59000	10/01/2018	
DIPHENHYDRAMINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG		0.06462	12/12/2011	
DIPHENHYDRAMINE HCL ORAL CAPSULE 25 MG		0.01149	10/01/2017	
DIPHENHYDRAMINE HCL ORAL CAPSULE 50 MG		0.01759	10/01/2017	
DIPHENHYDRAMINE HCL ORAL ELIXIR 12.5MG/5ML		0.01108	04/01/2017	
DIPHENHYDRAMINE HCL ORAL LIQUID (ML) 12.5MG/5ML		0.00395	10/01/2017	
DIPHENHYDRAMINE HCL ORAL LIQUID (ML) 50 MG/30ML		0.01502	04/01/2017	
DIPHENHYDRAMINE HCL ORAL SYRUP 12.5MG/5ML		0.01108	04/01/2017	
DIPHENHYDRAMINE HCL ORAL TABLET 25 MG		0.01307	10/01/2017	
DIPHENHYDRAMINE HCL ORAL TABLET 25 MG		0.01307	10/01/2017	
DIPHENHYDRAMINE HCL/PHENYLEPHRINE HCL/ACETAMINOPHEN ORAL LIQUID (ML) 25-650/30		0.01200	04/01/2017	
DIPHENHYDRAMINE HCL/PHENYLEPHRINE HCL/ACETAMINOPHEN ORAL TABLET 12.5-5-325		0.07607	04/01/2017	
DIPHENHYDRAMINE HCL/PHENYLEPHRINE HCL/ACETAMINOPHEN ORAL TABLET 25-5-325MG		0.09650	04/01/2017	
DIPHENHYDRAMINE HCL/ZINC ACETATE TOPICAL AEROSOL, SPRAY (GRAM) 2 %-0.1 %		0.03705	04/01/2017	
DIPHENHYDRAMINE HCL/ZINC ACETATE TOPICAL CREAM (GRAM) 2 %-0.1 %		0.06687	04/01/2017	
DIPHENOXYLATE HCL/ATROPINE SULFATE ORAL LIQUID (ML) 2.5-.025/5		0.22242	04/01/2017	
DIPHENOXYLATE HCL/ATROPINE SULFATE ORAL TABLET 2.5-.025MG		0.08995	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DIPYRIDAMOLE INTRAVENOUS VIAL (ML) 5 MG/ML		0.44600	04/01/2017	
DIPYRIDAMOLE ORAL TABLET 25 MG		0.09507	10/01/2017	
DIPYRIDAMOLE ORAL TABLET 50 MG		0.17075	10/01/2017	
DIPYRIDAMOLE ORAL TABLET 75 MG		0.27723	04/01/2017	
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE 100 MG		1.23250	04/01/2017	
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE 150 MG		0.27638	10/01/2017	
DISULFIRAM ORAL TABLET 250 MG		0.67080	10/01/2017	
DISULFIRAM ORAL TABLET 500 MG		0.87360	04/01/2018	
DIVALPROEX SODIUM ORAL CAPSULE, DELAYED RELEASE SPRINKLE 125 MG		0.24797	01/01/2019	
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 125 MG		0.03210	01/01/2019	
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 250 MG		0.05750	04/01/2017	
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500 MG		0.06880	01/01/2019	
DIVALPROEX SODIUM ORAL TABLET, EXTENDED RELEASE 24 HR 250 MG		0.12220	01/01/2019	
DIVALPROEX SODIUM ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG		0.18594	01/01/2019	
DOBUTAMINE HCL IN DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 1000MG/250		0.05668	04/01/2017	
DOBUTAMINE HCL IN DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 250MG/250		0.02084	04/01/2017	
DOBUTAMINE HCL IN DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 500MG/250		0.05160	04/01/2017	
DOBUTAMINE HCL INTRAVENOUS VIAL (ML) 250MG/20ML		0.25100	04/01/2017	
DOBUTAMINE HCL INTRAVENOUS VIAL (ML) 500MG/40ML		0.26950	04/01/2017	
DOCETAXEL INTRAVENOUS VIAL (ML) 160 MG/8ML		99.00000	04/01/2017	
DOCETAXEL INTRAVENOUS VIAL (ML) 160MG/16ML		59.85000	04/01/2017	
DOCETAXEL INTRAVENOUS VIAL (ML) 20 MG/2 ML		59.85000	04/01/2017	
DOCETAXEL INTRAVENOUS VIAL (ML) 200MG/20ML		64.00000	04/01/2017	
DOCETAXEL INTRAVENOUS VIAL (ML) 20MG/ML(1)		42.62000	07/01/2019	
DOCETAXEL INTRAVENOUS VIAL (ML) 80 MG/4 ML		75.00000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DOCETAXEL INTRAVENOUS VIAL (ML) 80 MG/8 ML		59.85000	04/01/2017	
DOCUSATE CALCIUM ORAL CAPSULE 240 MG		0.05661	04/01/2017	
DOCUSATE SODIUM ORAL CAPSULE 100 MG		0.01340	10/01/2017	
DOCUSATE SODIUM ORAL CAPSULE 250 MG		0.03622	04/01/2017	
DOCUSATE SODIUM ORAL LIQUID (ML) 50 MG/5 ML		0.00730	04/01/2017	
DOCUSATE SODIUM ORAL SYRUP 60 MG/15ML		0.00403	10/01/2017	
DOCUSATE SODIUM ORAL TABLET 100 MG		0.01546	10/01/2017	
DOCUSATE SODIUM RECTAL ENEMA (EA) 283 MG		2.04800	04/01/2017	
DOFETILIDE ORAL CAPSULE 125 MCG		4.16633	01/01/2018	
DOFETILIDE ORAL CAPSULE 250 MCG		1.57150	01/01/2020	
DOFETILIDE ORAL CAPSULE 500 MCG		2.03325	01/01/2020	
DONEPEZIL HCL ORAL TABLET 10 MG		0.01667	01/01/2019	
DONEPEZIL HCL ORAL TABLET 23 MG		0.69433	07/01/2018	
DONEPEZIL HCL ORAL TABLET 5 MG		0.02200	01/01/2019	
DONEPEZIL HCL ORAL TABLET,DISINTEGRATING 10 MG		0.20900	04/01/2017	
DONEPEZIL HCL ORAL TABLET,DISINTEGRATING 5 MG		0.47428	04/01/2017	
DOPAMINE HCL IN DEXTROSE 5 % IN WATER INTRAVENOUS PLASTIC BAG, INJECTION (ML) 200MG/.25L		0.03600	04/01/2017	
DOPAMINE HCL IN DEXTROSE 5 % IN WATER INTRAVENOUS PLASTIC BAG, INJECTION (ML) 400MG/.25L		0.04388	04/01/2017	
DOPAMINE HCL IN DEXTROSE 5 % IN WATER INTRAVENOUS PLASTIC BAG, INJECTION (ML) 400MG/0.5L		0.02454	04/01/2017	
DOPAMINE HCL IN DEXTROSE 5 % IN WATER INTRAVENOUS PLASTIC BAG, INJECTION (ML) 800MG/.25L		0.06116	04/01/2017	
DOPAMINE HCL IN DEXTROSE 5 % IN WATER INTRAVENOUS PLASTIC BAG, INJECTION (ML) 800MG/0.5L		0.03562	04/01/2017	
DOPAMINE HCL INTRAVENOUS VIAL (ML) 200 MG/5ML		0.48600	04/01/2017	
DOPAMINE HCL INTRAVENOUS VIAL (ML) 400 MG/5ML		0.65400	04/01/2017	
DOPAMINE HCL INTRAVENOUS VIAL (ML) 400MG/10ML		0.17200	04/01/2017	
DOPAMINE HCL INTRAVENOUS VIAL (ML) 800MG/5ML		1.30200	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DORIPENEM INTRAVENOUS VIAL (EA) 250 MG		19.83000	04/01/2017	
DORIPENEM INTRAVENOUS VIAL (EA) 500 MG		36.06000	04/01/2017	
DORZOLAMIDE HCL OPTHALMIC DROPS 2 %		0.80000	04/01/2017	
DORZOLAMIDE HCL/TIMOLOL MALEATE OPTHALMIC DROPS 22.3-6.8/1		0.62800	04/01/2017	
DORZOLAMIDE HCL/TIMOLOL MALEATE/PF OPTHALMIC DROPPERETTE, SINGLE-USE DROP DISPENSER 2 %-0.5 %		1.84000	01/01/2020	
DOXAZOSIN MESYLATE ORAL TABLET 1 MG		0.13300	10/01/2017	
DOXAZOSIN MESYLATE ORAL TABLET 2 MG		0.09930	01/01/2018	
DOXAZOSIN MESYLATE ORAL TABLET 4 MG		0.07558	10/01/2017	
DOXAZOSIN MESYLATE ORAL TABLET 8 MG		0.06190	01/01/2019	
DOXEPIN HCL ORAL CAPSULE 10 MG		0.13065	10/01/2017	
DOXEPIN HCL ORAL CAPSULE 100 MG		0.56485	07/01/2019	
DOXEPIN HCL ORAL CAPSULE 150 MG		0.41426	10/01/2017	
DOXEPIN HCL ORAL CAPSULE 25 MG		0.28643	10/01/2017	
DOXEPIN HCL ORAL CAPSULE 50 MG		0.29678	10/01/2019	
DOXEPIN HCL ORAL CAPSULE 75 MG		0.09718	10/01/2017	
DOXEPIN HCL ORAL CONCENTRATE, ORAL 10 MG/ML		0.05261	04/01/2017	
DOXEPIN HCL TOPICAL CREAM (GRAM) 5 %		12.29422	04/01/2017	
DOXERCALCIFEROL INTRAVENOUS AMPUL (ML) 4MCG/2ML		5.62500	04/01/2017	
DOXERCALCIFEROL INTRAVENOUS VIAL (ML) 4MCG/2ML		4.50000	04/01/2017	
DOXERCALCIFEROL ORAL CAPSULE 0.5 MCG		5.75840	10/01/2018	
DOXERCALCIFEROL ORAL CAPSULE 1 MCG		18.00488	04/01/2017	
DOXERCALCIFEROL ORAL CAPSULE 2.5 MCG		13.34020	04/01/2019	
DOXORUBICIN HCL INTRAVENOUS VIAL (EA) 10 MG		52.61000	04/01/2017	
DOXORUBICIN HCL INTRAVENOUS VIAL (EA) 50 MG		263.03000	04/01/2017	
DOXORUBICIN HCL INTRAVENOUS VIAL (ML) 10 MG/5 ML		0.78390	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DOXORUBICIN HCL INTRAVENOUS VIAL (ML) 2 MG/ML		0.78390	10/01/2017	
DOXORUBICIN HCL INTRAVENOUS VIAL (ML) 20 MG/10ML		0.78390	10/01/2017	
DOXORUBICIN HCL INTRAVENOUS VIAL (ML) 50 MG/25ML		0.78390	10/01/2017	
DOXORUBICIN HCL PEGYLATED LIPOSOMAL INTRAVENOUS VIAL (ML) 2 MG/ML		96.90000	04/01/2017	
DOXYCYCLINE HYCLATE INTRAVENOUS VIAL (EA) 100 MG		18.69000	04/01/2017	
DOXYCYCLINE HYCLATE ORAL CAPSULE 100 MG		0.05820	01/01/2019	
DOXYCYCLINE HYCLATE ORAL CAPSULE 50 MG		0.15500	01/01/2019	
DOXYCYCLINE HYCLATE ORAL TABLET 100 MG		0.05640	01/01/2019	
DOXYCYCLINE HYCLATE ORAL TABLET 20 MG		0.23120	04/01/2017	
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 100 MG		5.35000	07/01/2019	
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 150 MG		1.69500	07/01/2019	
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 200 MG		34.73566	04/01/2017	
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 50 MG		9.38125	04/01/2017	
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 75 MG		8.17916	04/01/2017	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE 100 MG		0.05380	01/01/2019	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE 150 MG		18.18733	04/01/2017	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE 50 MG		0.07608	10/01/2017	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE 75 MG		13.02800	04/01/2017	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IMMEDIATE, DELAY RELEASE,BIPHASE 40 MG		14.00000	07/01/2018	
DOXYCYCLINE MONOHYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 25 MG/5 ML		0.23433	07/01/2019	
DOXYCYCLINE MONOHYDRATE ORAL TABLET 100 MG		0.55960	01/01/2019	
DOXYCYCLINE MONOHYDRATE ORAL TABLET 150 MG		6.36500	10/01/2017	
DOXYCYCLINE MONOHYDRATE ORAL TABLET 50 MG		0.65088	04/01/2017	
DOXYCYCLINE MONOHYDRATE ORAL TABLET 75 MG		1.03650	04/01/2017	
DOXYLAMINE SUCCINATE ORAL TABLET 25 MG		0.11370	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
DOXYLAMINE SUCCINATE/PYRIDOXINE HCL (B6) ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 10 MG-10MG		5.32170	01/01/2020	
DRONABINOL ORAL CAPSULE 10 MG		5.96000	07/01/2019	
DRONABINOL ORAL CAPSULE 2.5 MG		1.49667	01/01/2020	
DRONABINOL ORAL CAPSULE 5 MG		3.46633	01/01/2019	
DROPERIDOL INJECTION AMPUL (ML) 2.5 MG/ML		1.21000	04/01/2017	
DROPERIDOL INJECTION VIAL (ML) 2.5 MG/ML		1.70000	04/01/2017	
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM ORAL TABLET 3-0.02(24)		2.86214	07/01/2018	
DULOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 20 MG		0.09317	07/01/2018	
DULOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 30 MG		0.06633	01/01/2019	
DULOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 40 MG		3.09564	04/01/2017	
DULOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 60 MG		0.06633	01/01/2019	
DUTASTERIDE ORAL CAPSULE 0.5 MG		0.09778	07/01/2018	
DUTASTERIDE/TAMSULOSIN HCL ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 0.5-0.4 MG		2.18600	10/01/2019	
ECONAZOLE NITRATE TOPICAL CREAM (GRAM) 1 %		0.35558	07/01/2019	
EDETATE CALCIUM DISODIUM INJECTION AMPUL (ML) 200 MG/ML		1077.09320	04/01/2017	
EDROPHONIUM CHLORIDE INJECTION VIAL (ML) 10 MG/ML		5.33333	04/01/2017	
EFAVIRENZ ORAL TABLET 600 MG		12.37000	07/01/2019	
ELECTROLYTE-48 SOLUTION/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 5 %		0.01226	04/01/2017	
ELETRIPTAN HYDROBROMIDE ORAL TABLET 40 MG		5.28000	01/01/2019	
ENALAPRIL MALEATE ORAL TABLET 10 MG		0.04570	01/01/2019	
ENALAPRIL MALEATE ORAL TABLET 2.5 MG		0.05650	01/01/2019	
ENALAPRIL MALEATE ORAL TABLET 20 MG		0.06999	01/01/2019	
ENALAPRIL MALEATE ORAL TABLET 5 MG		0.05080	01/01/2019	
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE ORAL TABLET 10 MG-25MG		0.05015	10/01/2017	
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE ORAL TABLET 5MG-12.5MG		0.05186	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ENALAPRILAT DIHYDRATE INTRAVENOUS VIAL (ML) 1.25 MG/ML		1.44500	04/01/2017	
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 100 MG/ML		10.08000	10/01/2017	
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 120MG/0.8ML		15.52500	04/01/2017	
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 150 MG/ML		11.45550	01/01/2020	
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 30MG/0.3ML		10.44000	10/01/2017	
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 40MG/0.4ML		8.33700	04/01/2018	
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 60MG/0.6ML		7.55347	04/01/2018	
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 80MG/0.8ML		7.41250	01/01/2019	
ENOXAPARIN SODIUM SUBCUTANEOUS VIAL (ML) 300MG/3ML		11.85333	04/01/2017	
ENTACAPONE ORAL TABLET 200 MG		0.33480	01/01/2020	
ENTECAVIR ORAL TABLET 0.5 MG		0.69967	01/01/2020	
ENTECAVIR ORAL TABLET 1 MG		1.82200	07/01/2018	
EPINASTINE HCL OPHTHALMIC DROPS 0.05 %		5.46126	04/01/2017	
EPINEPHRINE HCL/PF INJECTION AMPUL (ML) 1 MG/ML(1)		812.75000	04/01/2017	
EPINEPHRINE INJECTION AMPUL (ML) 1 MG/ML(1)		2.06240	04/01/2017	
EPINEPHRINE INJECTION AUTO-INJECTOR (EA) 0.15/0.15		145.20000	01/01/2020	
EPINEPHRINE INJECTION AUTO-INJECTOR (EA) 0.15MG/0.3		143.53500	01/01/2018	
EPINEPHRINE INJECTION AUTO-INJECTOR (EA) 0.3MG/0.3		133.99250	04/01/2019	
EPINEPHRINE INJECTION SYRINGE (ML) 0.1 MG/ML		0.44597	04/01/2017	
EPINEPHRINE INJECTION VIAL (ML) 1 MG/ML		1.99933	04/01/2017	
EPIRUBICIN HCL INTRAVENOUS VIAL (ML) 200MG/0.1L		1.59450	04/01/2017	
EPIRUBICIN HCL INTRAVENOUS VIAL (ML) 50 MG/25ML		1.63800	04/01/2017	
EPLERENONE ORAL TABLET 25 MG		0.60675	07/01/2019	
EPLERENONE ORAL TABLET 50 MG		0.98300	10/01/2019	
EPOPROSTENOL SODIUM (GLYCINE) INTRAVENOUS VIAL (EA) 0.5 MG		16.20000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
EPOPROSTENOL SODIUM (GLYCINE) INTRAVENOUS VIAL (EA) 1.5 MG		39.12000	04/01/2017	
EPROSARTAN MESYLATE ORAL TABLET 600 MG		2.70073	04/01/2017	
EPTIFIBATIDE INTRAVENOUS VIAL (ML) 0.75 MG/ML		3.00000	04/01/2017	
EPTIFIBATIDE INTRAVENOUS VIAL (ML) 2 MG/ML		10.00000	04/01/2017	
ERGOCALCIFEROL (VITAMIN D2) ORAL CAPSULE 50000 UNIT		0.06650	01/01/2019	
ERGOLOID MESYLATES ORAL TABLET 1 MG		3.22404	10/01/2017	
ERGOTAMINE TARTRATE/CAFFEINE ORAL TABLET 1 MG-100MG		12.15690	09/24/2014	
ERYTHROMYCIN BASE IN ETHANOL TOPICAL GEL (GRAM) 2 %		1.36558	01/01/2020	
ERYTHROMYCIN BASE IN ETHANOL TOPICAL SOLUTION, NON-ORAL 2 %		0.32978	01/01/2020	
ERYTHROMYCIN BASE OPHTHALMIC OINTMENT (GRAM) 5 MG/GRAM		0.98000	01/01/2019	
ERYTHROMYCIN BASE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 250 MG		1.05190	10/01/2017	
ERYTHROMYCIN BASE ORAL TABLET 250 MG		6.78000	01/01/2019	
ERYTHROMYCIN BASE ORAL TABLET 500 MG		14.46608	04/01/2017	
ERYTHROMYCIN BASE/BENZOYL PEROXIDE TOPICAL GEL (GRAM) 3 %-5 %		0.55642	10/01/2017	
ERYTHROMYCIN BASE/ETHYL ALCOHOL TOPICAL SWAB, MEDICATED 2 %		0.71262	04/01/2017	
ERYTHROMYCIN ETHYLSUCCINATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML		2.25920	01/01/2019	
ERYTHROMYCIN ETHYLSUCCINATE ORAL TABLET 400 MG		9.98547	04/01/2017	
ESCITALOPRAM OXALATE ORAL SOLUTION, ORAL 5 MG/5 ML		0.24496	04/01/2017	
ESCITALOPRAM OXALATE ORAL TABLET 10 MG		0.01780	01/01/2019	
ESCITALOPRAM OXALATE ORAL TABLET 20 MG		0.02660	01/01/2019	
ESCITALOPRAM OXALATE ORAL TABLET 5 MG		0.01280	01/01/2019	
ESMOLOL HCL INTRAVENOUS VIAL (ML) 100MG/10ML		0.44000	04/01/2017	
ESOMEPRAZOLE MAGNESIUM ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 20 MG		0.19700	10/01/2019	
ESOMEPRAZOLE MAGNESIUM ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 40 MG		0.20899	01/01/2019	
ESOMEPRAZOLE SODIUM INTRAVENOUS VIAL (EA) 20 MG		34.90000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ESOMEPRAZOLE SODIUM INTRAVENOUS VIAL (EA) 40 MG		34.50000	04/01/2017	
ESTAZOLAM ORAL TABLET 1 MG		0.24507	10/01/2017	
ESTAZOLAM ORAL TABLET 2 MG		0.53157	04/01/2017	
ESTRADIOL ORAL TABLET 0.5 MG		0.02301	10/01/2017	
ESTRADIOL ORAL TABLET 1 MG		0.02364	10/01/2017	
ESTRADIOL ORAL TABLET 2 MG		0.03739	10/01/2017	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY .025MG/24H		7.82250	10/01/2019	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY .0375MG/24		8.16333	04/01/2019	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY .075MG/24H		5.61875	10/01/2019	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY 0.05MG/24H		6.18000	01/01/2019	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY 0.1MG/24HR		5.37500	01/01/2019	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY .025MG/24H		10.76000	10/01/2018	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY .0375MG/24		5.63823	10/01/2017	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY .075MG/24H		5.66480	10/01/2017	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.05MG/24H		9.98000	07/01/2019	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.06MG/24H		5.53705	10/01/2017	
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.1MG/24HR		5.52543	10/01/2017	
ESTRADIOL VAGINAL CREAM WITH APPLICATOR 0.01 %		2.01930	01/01/2020	
ESTRADIOL VAGINAL TABLET 10 MCG		9.79653	07/01/2019	
ESTRADIOL VALERATE INTRAMUSCULAR VIAL (ML) 20 MG/ML		18.68600	09/21/2017	
ESTRADIOL VALERATE INTRAMUSCULAR VIAL (ML) 40 MG/ML		34.27750	04/01/2017	
ESTRADIOL/NORETHINDRONE ACETATE ORAL TABLET 0.5-0.1 MG		2.12624	07/01/2017	
ESTRADIOL/NORETHINDRONE ACETATE ORAL TABLET 1 MG-0.5MG		1.25015	10/01/2017	
ESTRADIOL/NORGESTIMATE ORAL TABLET 1-1-0.09MG		3.91777	04/01/2017	
ESTROGENS,ESTERIFIED/METHYLTESTOSTERONE ORAL TABLET 0.625-1.25		2.29254	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ESTROGENS,ESTERIFIED/METHYLTESTOSTERONE ORAL TABLET 1.25-2.5MG		0.49446	10/01/2017	
ESTROPIPATE ORAL TABLET 0.75 MG		0.38120	04/01/2017	
ESTROPIPATE ORAL TABLET 1.5 MG		0.22086	10/01/2017	
ESTROPIPATE ORAL TABLET 3 MG		0.10050	10/01/2017	
ESZOPICLONE ORAL TABLET 1 MG		0.15678	10/01/2017	
ESZOPICLONE ORAL TABLET 2 MG		0.17820	01/01/2019	
ESZOPICLONE ORAL TABLET 3 MG		0.08990	10/01/2017	
ETHACRYNATE SODIUM INTRAVENOUS VIAL (EA) 50 MG		3799.00000	04/01/2017	
ETHACRYNIC ACID ORAL TABLET 25 MG		5.52000	10/01/2019	
ETHAMBUTOL HCL ORAL TABLET 100 MG		0.16920	10/01/2018	
ETHAMBUTOL HCL ORAL TABLET 400 MG		0.52340	01/01/2019	
ETHINYL ESTRADIOL/DROSPIRENONE ORAL TABLET 0.02-3(28)		0.36702	10/01/2019	
ETHINYL ESTRADIOL/DROSPIRENONE ORAL TABLET 0.03MG-3MG		0.39301	10/01/2018	
ETHOSUXIMIDE ORAL CAPSULE 250 MG		0.70270	04/01/2019	
ETHOSUXIMIDE ORAL SOLUTION, ORAL 250 MG/5ML		0.06534	10/01/2017	
ETHYL ALCOHOL INJECTION AMPUL (ML) 98 %		22.78000	04/01/2017	
ETHYL ALCOHOL TOPICAL GEL (ML) 60 %		0.00987	04/01/2017	
ETHYL ALCOHOL TOPICAL SOLUTION, NON-ORAL 70 %		0.05310	04/01/2017	
ETHYNODIOL DIACETATE-ETHINYL ESTRADIOL ORAL TABLET 1 MG-35MCG		0.58262	01/01/2018	
ETHYNODIOL DIACETATE-ETHINYL ESTRADIOL ORAL TABLET 1 MG-50MCG		0.70335	04/01/2017	
ETIDRONATE DISODIUM ORAL TABLET 200 MG		3.45683	04/01/2017	
ETIDRONATE DISODIUM ORAL TABLET 400 MG		6.91183	04/01/2017	
ETODOLAC ORAL CAPSULE 200 MG		0.27830	10/01/2017	
ETODOLAC ORAL CAPSULE 300 MG		0.70490	04/01/2018	
ETODOLAC ORAL TABLET 400 MG		0.10040	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ETODOLAC ORAL TABLET 500 MG		0.13568	10/01/2017	
ETODOLAC ORAL TABLET, EXTENDED RELEASE 24 HR 400 MG		1.21731	07/01/2017	
ETODOLAC ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG		0.16333	01/01/2020	
ETODOLAC ORAL TABLET, EXTENDED RELEASE 24 HR 600 MG		1.36061	04/01/2017	
ETOMIDATE INTRAVENOUS VIAL (ML) 2 MG/ML		0.33600	04/01/2017	
ETOPOSIDE INTRAVENOUS VIAL (ML) 20 MG/ML		0.88440	10/01/2017	
ETOPOSIDE ORAL CAPSULE 50 MG		27.05237	10/01/2017	
EUCALYPTUS OIL/MENTHOL/CAMPHOR TOPICAL OINTMENT (GRAM) 1.2%-4.8%		0.01933	04/01/2017	
EXEMESTANE ORAL TABLET 25 MG		1.29833	01/01/2020	
EZETIMIBE ORAL TABLET 10 MG		0.14330	07/01/2018	
EZETIMIBE/SIMVASTATIN ORAL TABLET 10 MG-10MG		2.37300	01/01/2019	
EZETIMIBE/SIMVASTATIN ORAL TABLET 10 MG-20MG		1.99900	04/01/2019	
EZETIMIBE/SIMVASTATIN ORAL TABLET 10 MG-40MG		0.75534	07/01/2019	
FAMCICLOVIR ORAL TABLET 125 MG		0.35833	01/01/2019	
FAMCICLOVIR ORAL TABLET 250 MG		0.28887	04/01/2017	
FAMCICLOVIR ORAL TABLET 500 MG		0.49833	01/01/2019	
FAMOTIDINE IN SODIUM CHLORIDE, ISO-OSMOTIC/PF INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 20 MG/50ML		0.09140	04/01/2017	
FAMOTIDINE INTRAVENOUS VIAL (ML) 10 MG/ML		0.36380	04/01/2017	
FAMOTIDINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 40MG/5ML		0.22000	01/01/2019	
FAMOTIDINE ORAL TABLET 10 MG		0.05978	10/01/2017	
FAMOTIDINE ORAL TABLET 20 MG		0.01550	01/01/2019	
FAMOTIDINE ORAL TABLET 40 MG		0.02420	01/01/2019	
FAMOTIDINE/CALCIUM CARBONATE/MAGNESIUM HYDROXIDE ORAL TABLET, CHEWABLE 10-800-165		0.24688	04/01/2017	
FAMOTIDINE/PF INTRAVENOUS VIAL (ML) 20 MG/2 ML		0.36500	04/01/2017	
FEBUXOSTAT ORAL TABLET 80 MG		5.32484	01/01/2020	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
FELBAMATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 600 MG/5ML		1.55573	04/01/2017	
FELBAMATE ORAL TABLET 400 MG		0.86430	10/01/2019	
FELBAMATE ORAL TABLET 600 MG		1.48180	04/01/2019	
FELODIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG		0.09000	01/01/2018	
FELODIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 2.5 MG		0.12560	07/01/2018	
FELODIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 5 MG		0.05003	10/01/2017	
FENOFIBRATE NANOCRYSTALLIZED ORAL TABLET 145MG		0.08078	01/01/2019	
FENOFIBRATE NANOCRYSTALLIZED ORAL TABLET 48 MG		0.08878	01/01/2019	
FENOFIBRATE ORAL CAPSULE 150 MG		5.86778	01/01/2020	
FENOFIBRATE ORAL CAPSULE 50 MG		2.34591	04/01/2017	
FENOFIBRATE ORAL TABLET 120 MG		23.98244	04/01/2017	
FENOFIBRATE ORAL TABLET 160 MG		0.12211	01/01/2019	
FENOFIBRATE ORAL TABLET 40 MG		8.35844	04/01/2017	
FENOFIBRATE ORAL TABLET 54 MG		0.16656	01/01/2020	
FENOFIBRATE,MICRONIZED ORAL CAPSULE 130 MG		2.26233	07/01/2018	
FENOFIBRATE,MICRONIZED ORAL CAPSULE 134 MG		0.07360	01/01/2019	
FENOFIBRATE,MICRONIZED ORAL CAPSULE 200 MG		0.26960	07/01/2019	
FENOFIBRATE,MICRONIZED ORAL CAPSULE 43 MG		1.13716	04/01/2018	
FENOFIBRATE,MICRONIZED ORAL CAPSULE 67 MG		0.11000	01/01/2020	
FENOFIBRIC ACID (CHOLINE) ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 135 MG		0.33244	01/01/2019	
FENOFIBRIC ACID (CHOLINE) ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 45 MG		0.54809	04/01/2017	
FENOFIBRIC ACID ORAL TABLET 105 MG		2.03967	10/01/2017	
FENOFIBRIC ACID ORAL TABLET 35 MG		0.80100	04/01/2017	
FENOPROFEN CALCIUM ORAL CAPSULE 400 MG		3.23300	07/01/2018	
FENOPROFEN CALCIUM ORAL TABLET 600 MG		0.18554	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 1200 MCG		17.43853	04/01/2017	
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 1600 MCG		19.80252	10/01/2017	
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 200 MCG		8.54250	10/01/2017	
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 400 MCG		9.89572	04/01/2017	
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 600 MCG		12.90000	04/01/2017	
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 800 MCG		12.75167	04/01/2017	
FENTANYL CITRATE/PF INJECTION AMPUL (ML) 50 MCG/ML		0.61200	04/01/2017	
FENTANYL CITRATE/PF INJECTION VIAL (ML) 50 MCG/ML		0.52889	04/01/2017	
FENTANYL CITRATE/PF INTRAVENOUS SYRINGE (ML) 100MCG/2ML		1.04100	04/01/2017	
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 100 MCG/HR		6.41480	04/01/2019	
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 12 MCG/HR		4.87100	01/01/2020	
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 25 MCG/HR		1.87131	10/01/2017	
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 37.5MCG/HR		44.04363	04/01/2017	
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 50MCG/HR		3.05057	01/01/2020	
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 62.5MCG/HR		61.68800	04/01/2017	
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 75MCG/HR		4.18333	01/01/2020	
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 87.5MCG/HR		83.99000	04/01/2017	
FERROUS FUMARATE/ASCORBIC ACID/B12-IF/FOLIC ACID ORAL CAPSULE 110-0.5MG		0.17000	04/01/2017	
FERROUS FUMARATE/ASCORBIC ACID/CYANOCOBALAMIN/FOLIC ACID ORAL CAPSULE 200-250 MG		0.35990	04/01/2017	
FERROUS FUMARATE/ASCORBIC ACID/CYANOCOBALAMIN/FOLIC ACID ORAL CAPSULE 460-60MG		0.35879	10/01/2017	
FERROUS FUMARATE/FOLIC ACID/MULTIVITAMIN-MINERALS NO.15 ORAL CAPSULE 106 MG-1MG		0.48910	04/01/2017	
FERROUS SULFATE ORAL TABLET 325(65) MG		0.01131	12/12/2011	
FERROUS SULFATE/ASCORBIC ACID/FOLIC ACID ORAL TABLET, EXTENDED RELEASE 105-500-.8		0.07627	09/01/2011	
FERROUS SULFATE/FOLIC ACID/VITAMIN B COMP W-C ORAL TABLET, EXTENDED RELEASE 105-0.8MG		0.07304	12/12/2011	
FEXOFENADINE HCL ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 30 MG/5 ML		0.06160	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
FEXOFENADINE HCL ORAL TABLET 180 MG		0.15500	10/01/2019	
FEXOFENADINE HCL ORAL TABLET 60 MG		0.24733	10/01/2017	
FEXOFENADINE HCL/PSEUDOEPHEDRINE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 60MG-120MG		0.70542	04/01/2017	
FINASTERIDE ORAL TABLET 1 MG		0.02010	01/01/2019	
FINASTERIDE ORAL TABLET 5 MG		0.03567	01/01/2019	
FLAVOXATE HCL ORAL TABLET 100 MG		0.45341	04/01/2017	
FLAXSEED OIL/EVENING PRIMROSE OIL/BILBERRY EXTRACT ORAL CAPSULE 250-125-10		0.32041	04/01/2017	
FLECAINIDE ACETATE ORAL TABLET 100 MG		0.16492	10/01/2017	
FLECAINIDE ACETATE ORAL TABLET 150 MG		0.19130	10/01/2018	
FLECAINIDE ACETATE ORAL TABLET 50 MG		0.15867	04/01/2017	
FLOXURIDINE INJECTION VIAL (EA) 500 MG		119.00000	04/01/2017	
FLUCONAZOLE IN DEXTROSE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 200MG/0.1L		0.11300	04/01/2017	
FLUCONAZOLE IN DEXTROSE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 400MG/0.2L		0.06305	04/01/2017	
FLUCONAZOLE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 200MG/0.1L		0.01660	10/01/2017	
FLUCONAZOLE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 400MG/0.2L		0.01926	04/01/2019	
FLUCONAZOLE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS IV SOLUTION, PIGGYBACK, BOTTLE (ML) 200MG/0.1L		0.14916	04/01/2017	
FLUCONAZOLE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 10 MG/ML		0.22306	04/01/2017	
FLUCONAZOLE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 40 MG/ML		0.50914	04/01/2019	
FLUCONAZOLE ORAL TABLET 100 MG		0.33333	01/01/2019	
FLUCONAZOLE ORAL TABLET 150 MG		0.17671	10/01/2017	
FLUCONAZOLE ORAL TABLET 200 MG		0.41933	01/01/2019	
FLUCONAZOLE ORAL TABLET 50 MG		0.09515	10/01/2017	
FLUCYTOSINE ORAL CAPSULE 250 MG		65.65520	04/01/2017	
FLUCYTOSINE ORAL CAPSULE 500 MG		127.04000	04/01/2017	
FLUDARABINE PHOSPHATE INTRAVENOUS VIAL (EA) 50 MG		94.50000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
FLUDARABINE PHOSPHATE INTRAVENOUS VIAL (ML) 50 MG/2 ML		108.75000	04/01/2017	
FLUDROCORTISONE ACETATE ORAL TABLET 0.1 MG		0.25000	07/01/2018	
FLUMAZENIL INTRAVENOUS VIAL (ML) 0.1 MG/ML		0.81000	04/01/2017	
FLUNISOLIDE NASAL AEROSOL, SPRAY (ML) 25 MCG		0.93988	10/01/2017	
FLUOCINOLONE ACETONIDE OIL OTIC DROPS 0.01 %		2.39875	01/01/2020	
FLUOCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.01 %		1.01283	01/01/2018	
FLUOCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.025 %		0.36973	10/01/2017	
FLUOCINOLONE ACETONIDE TOPICAL OIL (ML) 0.01 %		0.34017	07/01/2019	
FLUOCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.025 %		0.32727	10/01/2017	
FLUOCINOLONE ACETONIDE TOPICAL SOLUTION, NON-ORAL 0.01 %		0.24017	01/01/2020	
FLUOCINOLONE ACETONIDE/SHOWER CAP TOPICAL OIL (ML) 0.01 %		0.31000	07/01/2019	
FLUOCINONIDE TOPICAL CREAM (GRAM) 0.05 %		0.64485	07/01/2019	
FLUOCINONIDE TOPICAL CREAM (GRAM) 0.1 %		0.47367	01/01/2020	
FLUOCINONIDE TOPICAL GEL (GRAM) 0.05 %		0.10083	10/01/2017	
FLUOCINONIDE TOPICAL OINTMENT (GRAM) 0.05 %		0.61758	01/01/2020	
FLUOCINONIDE TOPICAL SOLUTION, NON-ORAL 0.05 %		0.62225	01/01/2020	
FLUOCINONIDE/EMOLLIENT BASE TOPICAL CREAM (GRAM) 0.05 %		0.09213	10/01/2017	
FLUORIDE (SODIUM) ORAL DROPS 0.5 MG/ML		0.10320	01/01/2018	
FLUORIDE/IRON/VITAMINS A,C,AND D ORAL DROPS 0.25 MG/ML		0.09648	10/01/2017	
FLUORIDE/VITAMINS A,C,AND D ORAL DROPS 0.25 MG/ML		0.22260	01/01/2012	
FLUORIDE/VITAMINS A,C,AND D ORAL DROPS 0.5 MG/ML		0.11850	12/12/2011	
FLUOROMETHOLONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 0.1 %		12.36429	01/01/2018	
FLUOROURACIL INTRAVENOUS VIAL (ML) 1 G/20 ML		0.27750	04/01/2017	
FLUOROURACIL INTRAVENOUS VIAL (ML) 2.5 G/50ML		0.30164	04/01/2017	
FLUOROURACIL INTRAVENOUS VIAL (ML) 5 G/100 ML		0.12840	10/01/2018	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
FLUOROURACIL INTRAVENOUS VIAL (ML) 500MG/10ML		0.20100	04/01/2017	
FLUOROURACIL TOPICAL CREAM (GRAM) 0.5 %		43.08180	04/01/2017	
FLUOROURACIL TOPICAL CREAM (GRAM) 5 %		2.24750	07/01/2018	
FLUOROURACIL TOPICAL SOLUTION, NON-ORAL 2 %		5.18267	04/01/2017	
FLUOROURACIL TOPICAL SOLUTION, NON-ORAL 5 %		4.87189	04/01/2017	
FLUOXETINE HCL ORAL CAPSULE 10 MG		0.01450	01/01/2019	
FLUOXETINE HCL ORAL CAPSULE 20 MG		0.01728	07/01/2017	
FLUOXETINE HCL ORAL CAPSULE 40 MG		0.04216	01/01/2019	
FLUOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 90 MG		28.41781	04/01/2017	
FLUOXETINE HCL ORAL SOLUTION, ORAL 20 MG/5 ML		0.02600	04/01/2017	
FLUOXETINE HCL ORAL TABLET 10 MG		0.52117	10/01/2018	
FLUOXETINE HCL ORAL TABLET 20 MG		0.45496	10/01/2017	
FLUOXETINE HCL ORAL TABLET 60 MG		3.47433	01/01/2020	
FLUOXYMESTERONE ORAL TABLET 10 MG		0.38654	10/01/2017	
FLUPHENAZINE DECANOATE INJECTION VIAL (ML) 25 MG/ML		12.49000	07/01/2019	
FLUPHENAZINE HCL INJECTION VIAL (ML) 2.5 MG/ML		18.29200	04/01/2017	
FLUPHENAZINE HCL ORAL CONCENTRATE, ORAL 5 MG/ML		1.05741	04/01/2017	
FLUPHENAZINE HCL ORAL ELIXIR 2.5 MG/5ML		0.28414	04/01/2017	
FLUPHENAZINE HCL ORAL TABLET 1 MG		0.08190	04/01/2018	
FLUPHENAZINE HCL ORAL TABLET 10 MG		6.23852	10/01/2019	
FLUPHENAZINE HCL ORAL TABLET 2.5 MG		0.05829	10/01/2017	
FLUPHENAZINE HCL ORAL TABLET 5 MG		6.89950	11/13/2018	
FLURANDRENOLIDE TOPICAL CREAM (GRAM) 0.05 %		6.87750	04/01/2017	
FLURANDRENOLIDE TOPICAL LOTION (ML) 0.05 %		6.87750	04/01/2017	
FLURAZEPAM HCL ORAL CAPSULE 15 MG		0.06432	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
FLURAZEPAM HCL ORAL CAPSULE 30 MG		0.07127	10/01/2017	
FLURBIPROFEN ORAL TABLET 100 MG		0.15505	10/01/2017	
FLURBIPROFEN ORAL TABLET 50 MG		0.20690	04/01/2017	
FLURBIPROFEN SODIUM OPHTHALMIC DROPS 0.03 %		1.16800	04/01/2017	
FLUTAMIDE ORAL CAPSULE 125 MG		0.49094	04/01/2017	
FLUTICASONE PROPIONATE NASAL SPRAY, SUSPENSION (ML) 50 MCG		0.81712	07/01/2019	
FLUTICASONE PROPIONATE NASAL SPRAY, SUSPENSION 50 MCG		0.03392	04/01/2017	
FLUTICASONE PROPIONATE TOPICAL CREAM (GRAM) 0.05 %		0.16750	10/01/2017	
FLUTICASONE PROPIONATE TOPICAL LOTION (ML) 0.05 %		5.16067	04/01/2017	
FLUTICASONE PROPIONATE TOPICAL OINTMENT (GRAM) 0.005 %		0.23600	01/01/2020	
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE INHALATION AEROSOL POWDER, BREATH ACTIVATED (EA) 113-14 MCG		85.50000	01/01/2019	
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE INHALATION AEROSOL POWDER, BREATH ACTIVATED (EA) 232-14 MCG		85.50000	01/01/2019	
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE INHALATION AEROSOL POWDER, BREATH ACTIVATED (EA) 55-14 MCG		85.50000	01/01/2019	
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE INHALATION BLISTER, WITH INHALATION DEVICE 100-50 MCG		1.74606	01/01/2020	
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE INHALATION BLISTER, WITH INHALATION DEVICE 250-50 MCG		2.29425	01/01/2020	
FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE INHALATION BLISTER, WITH INHALATION DEVICE 500-50 MCG		3.07592	01/01/2020	
FLUVASTATIN SODIUM ORAL CAPSULE 20 MG		2.73167	07/01/2018	
FLUVASTATIN SODIUM ORAL CAPSULE 40 MG		2.16870	10/01/2017	
FLUVASTATIN SODIUM ORAL TABLET, EXTENDED RELEASE 24 HR 80 MG		3.70167	01/01/2018	
FLUVOXAMINE MALEATE ORAL CAPSULE, EXT RELEASE 24 HR 100 MG		5.90366	07/01/2017	
FLUVOXAMINE MALEATE ORAL CAPSULE, EXT RELEASE 24 HR 150 MG		6.40272	04/01/2017	
FLUVOXAMINE MALEATE ORAL TABLET 100 MG		0.12330	07/01/2018	
FLUVOXAMINE MALEATE ORAL TABLET 25 MG		0.08040	10/01/2017	
FLUVOXAMINE MALEATE ORAL TABLET 50 MG		0.11500	01/01/2019	
FOLIC ACID INJECTION VIAL (ML) 5 MG/ML		1.37291	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
FOLIC ACID ORAL TABLET 0.4 MG		0.02088	12/12/2011	
FOLIC ACID ORAL TABLET 0.8 MG		0.02353	12/12/2011	
FOLIC ACID ORAL TABLET 1 MG		0.00777	04/01/2017	
FOLIC ACID/ARGININE HCL/CYANOCOBALAMIN/PYRIDOXINE/PEPPER EXT ORAL TABLET 2-500-500		0.67500	04/01/2017	
FOLIC ACID/MULTIVITAMIN, THER AND MINERALS/LYCOPENE/LUTEIN ORAL TABLET 1.25-2.5MG		0.37627	10/01/2017	
FOLIC ACID/MULTIVITS W-FE, OTHER MIN/LUTEIN ORAL TABLET 0.4-18-250		0.08573	12/12/2011	
FOLIC ACID/NIACINAMIDE/CUPRIC OXIDE/ZINC OXIDE ORAL TABLET, EXTENDED RELEASE MULTIPHASE 0.5-750 MG		0.84300	09/01/2011	
FOLIC ACID/VITAMIN B COMP W-C ORAL TABLET 0.8 MG		0.09692	12/12/2011	
FOMEPIZOLE INTRAVENOUS VIAL (ML) 1 G/ML		604.16666	04/01/2017	
FONDAPARINUX SODIUM SUBCUTANEOUS SYRINGE (ML) 10MG/0.8ML		44.84375	04/01/2017	
FONDAPARINUX SODIUM SUBCUTANEOUS SYRINGE (ML) 2.5 MG/0.5		11.65500	07/01/2018	
FONDAPARINUX SODIUM SUBCUTANEOUS SYRINGE (ML) 5MG/0.4ML		146.24500	04/01/2017	
FONDAPARINUX SODIUM SUBCUTANEOUS SYRINGE (ML) 7.5MG/0.6		89.91139	04/01/2017	
FORMALDEHYDE TOPICAL SOLUTION WITH APPLICATOR (ML) 10 %		0.32138	04/01/2017	
FOSAMPRENAVIR CALCIUM ORAL TABLET 700 MG		15.85083	01/01/2020	
FOSINOPRIL SODIUM ORAL TABLET 10 MG		0.04534	10/01/2017	
FOSINOPRIL SODIUM ORAL TABLET 20 MG		0.09833	04/01/2019	
FOSINOPRIL SODIUM ORAL TABLET 40 MG		0.14244	04/01/2017	
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG		0.84552	04/01/2017	
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG		1.03106	04/01/2017	
FOSPHENYTOIN SODIUM INJECTION VIAL (ML) 100MG PE/2		0.73000	04/01/2017	
FOSPHENYTOIN SODIUM INJECTION VIAL (ML) 500 PE/10		0.66000	04/01/2017	
FROVATRIPTAN SUCCINATE ORAL TABLET 2.5 MG		25.76889	07/01/2018	
FUROSEMIDE INJECTION SYRINGE (ML) 10 MG/ML		0.05729	10/01/2017	
FUROSEMIDE INJECTION VIAL (ML) 10 MG/ML		0.36590	07/01/2018	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
FUROSEMIDE ORAL SOLUTION, ORAL 10 MG/ML		0.07588	04/01/2017	
FUROSEMIDE ORAL SOLUTION, ORAL 40 MG/4 ML		0.05980	10/01/2017	
FUROSEMIDE ORAL SOLUTION, ORAL 40MG/5ML		0.07748	04/01/2017	
FUROSEMIDE ORAL TABLET 20 MG		0.00700	04/01/2017	
FUROSEMIDE ORAL TABLET 40 MG		0.00971	04/01/2017	
FUROSEMIDE ORAL TABLET 80 MG		0.01608	10/01/2017	
GABAPENTIN ORAL CAPSULE 100 MG		0.02182	04/01/2017	
GABAPENTIN ORAL CAPSULE 300 MG		0.02970	04/01/2017	
GABAPENTIN ORAL CAPSULE 400 MG		0.03800	01/01/2019	
GABAPENTIN ORAL SOLUTION, ORAL 250 MG/5ML		0.08084	10/01/2017	
GABAPENTIN ORAL SOLUTION, ORAL 250 MG/5ML		0.33330	04/01/2017	
GABAPENTIN ORAL SOLUTION, ORAL 300 MG/6ML		0.33329	04/01/2017	
GABAPENTIN ORAL TABLET 600 MG		0.06174	04/01/2017	
GABAPENTIN ORAL TABLET 800 MG		0.06580	07/01/2018	
GALANTAMINE HBR ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 16 MG		1.31666	10/01/2019	
GALANTAMINE HBR ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 24 MG		0.83300	04/01/2018	
GALANTAMINE HBR ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 8 MG		0.43700	10/01/2019	
GALANTAMINE HBR ORAL SOLUTION, ORAL 4 MG/ML		2.99640	04/01/2017	
GALANTAMINE HBR ORAL TABLET 12 MG		0.15067	10/01/2019	
GALANTAMINE HBR ORAL TABLET 4 MG		0.89375	04/01/2018	
GALANTAMINE HBR ORAL TABLET 8 MG		0.70461	04/01/2018	
GANCICLOVIR ORAL CAPSULE (HARD, SOFT, ETC.) 500 MG		7.09615	12/12/2011	
GANCICLOVIR SODIUM INTRAVENOUS VIAL (EA) 500 MG		72.00000	04/01/2017	
GANIRELIX ACETATE SUBCUTANEOUS SYRINGE (ML) 250MCG/0.5		393.98000	04/01/2017	
GATIFLOXACIN OPHTHALMIC DROPS 0.5 %		24.56800	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
GEMCITABINE HCL INTRAVENOUS VIAL (EA) 1 G		41.88000	04/01/2017	
GEMCITABINE HCL INTRAVENOUS VIAL (EA) 2 G		99.20000	04/01/2017	
GEMCITABINE HCL INTRAVENOUS VIAL (EA) 200 MG		7.74000	04/01/2017	
GEMCITABINE HCL INTRAVENOUS VIAL (ML) 1 G/26.3ML		1.69695	04/01/2017	
GEMCITABINE HCL INTRAVENOUS VIAL (ML) 2 G/52.6ML		1.69695	04/01/2017	
GEMCITABINE HCL INTRAVENOUS VIAL (ML) 200MG/5.26		1.69771	04/01/2017	
GEMFIBROZIL ORAL TABLET 600 MG		0.05717	04/01/2017	
GENISTEIN/CITRATED ZINC BISGLYCINATE/VITAMIN D3 ORAL CAPSULE 27-20-200		0.70866	04/01/2017	
GENTAMICIN SULFATE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 100MG/0.1L		0.03490	04/01/2017	
GENTAMICIN SULFATE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 100MG/50ML		0.06780	04/01/2017	
GENTAMICIN SULFATE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 120MG/0.1L		0.03400	04/01/2017	
GENTAMICIN SULFATE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 60 MG/50ML		0.06260	04/01/2017	
GENTAMICIN SULFATE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 80 MG/50ML		0.10800	10/01/2017	
GENTAMICIN SULFATE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 80MG/100ML		0.03260	04/01/2017	
GENTAMICIN SULFATE INJECTION VIAL (ML) 20 MG/2 ML		2.00000	04/01/2017	
GENTAMICIN SULFATE INJECTION VIAL (ML) 40 MG/ML		0.50340	04/01/2018	
GENTAMICIN SULFATE OPHTHALMIC DROPS 0.3 %		0.68286	01/01/2018	
GENTAMICIN SULFATE OPHTHALMIC OINTMENT (GRAM) 0.3 %		3.04555	04/01/2017	
GENTAMICIN SULFATE TOPICAL CREAM (GRAM) 0.1 %		0.55778	10/01/2017	
GENTAMICIN SULFATE TOPICAL OINTMENT (GRAM) 0.1 %		1.51587	10/01/2017	
GENTAMICIN SULFATE/PF INJECTION VIAL (ML) 20 MG/2 ML		0.80000	04/01/2017	
GLATIRAMER ACETATE SUBCUTANEOUS SYRINGE (ML) 20 MG/ML		145.56233	04/01/2017	
GLATIRAMER ACETATE SUBCUTANEOUS SYRINGE (ML) 40 MG/ML		152.74750	10/01/2019	
GLIMEPIRIDE ORAL TABLET 1 MG		0.00960	01/01/2019	
GLIMEPIRIDE ORAL TABLET 2 MG		0.01160	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
GLIMEPIRIDE ORAL TABLET 4 MG		0.01210	01/01/2019	
GLIPIZIDE ORAL TABLET 10 MG		0.02156	04/01/2017	
GLIPIZIDE ORAL TABLET 5 MG		0.01465	04/01/2017	
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG		0.14000	07/01/2018	
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 2.5 MG		0.08200	01/01/2019	
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 5 MG		0.08696	01/01/2019	
GLIPIZIDE/METFORMIN HCL ORAL TABLET 2.5-250 MG		0.53575	04/01/2017	
GLIPIZIDE/METFORMIN HCL ORAL TABLET 2.5-500 MG		0.23690	07/01/2019	
GLIPIZIDE/METFORMIN HCL ORAL TABLET 5 MG-500MG		0.15480	07/01/2018	
GLUCAGON HCL INJECTION VIAL (EA) 1 MG		162.00000	04/01/2017	
GLYBURIDE ORAL TABLET 1.25 MG		0.04914	10/01/2017	
GLYBURIDE ORAL TABLET 2.5 MG		0.01450	01/01/2019	
GLYBURIDE ORAL TABLET 5 MG		0.01900	01/01/2019	
GLYBURIDE,MICRONIZED ORAL TABLET 1.5 MG		0.02080	04/01/2017	
GLYBURIDE,MICRONIZED ORAL TABLET 3 MG		0.03382	04/01/2017	
GLYBURIDE,MICRONIZED ORAL TABLET 6 MG		0.05829	10/01/2017	
GLYBURIDE/METFORMIN HCL ORAL TABLET 1.25-250MG		0.02402	10/01/2017	
GLYBURIDE/METFORMIN HCL ORAL TABLET 2.5-500 MG		0.01333	10/01/2017	
GLYBURIDE/METFORMIN HCL ORAL TABLET 5 MG-500MG		0.03590	04/01/2017	
GLYCERIN RECTAL SUPPOSITORY, RECTAL ADULT		0.05746	12/12/2011	
GLYCERIN RECTAL SUPPOSITORY, RECTAL PEDIATRIC		0.08492	12/12/2011	
GLYCERIN TOPICAL LIQUID (ML)		0.02042	12/12/2011	
GLYCERIN/BENZYL ALCOHOL/PETROLATUM,WHITE TOPICAL LOTION (ML)		0.02238	12/12/2011	
GLYCERIN/WITCH HAZEL LEAF TOPICAL PADS, MEDICATED (EA)		0.02600	04/01/2017	
GLYCINE UROLOGIC SOLUTION IRRIGATION SOLUTION, IRRIGATION 1.5 %		0.00231	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
GLYCOPYRROLATE INJECTION VIAL (ML) 0.2 MG/ML		6.39098	04/01/2017	
GLYCOPYRROLATE ORAL TABLET 1 MG		0.06670	01/01/2018	
GLYCOPYRROLATE ORAL TABLET 2 MG		0.17170	04/01/2018	
GRANISETRON HCL INTRAVENOUS VIAL (ML) 1 MG/ML		6.25000	04/01/2017	
GRANISETRON HCL INTRAVENOUS VIAL (ML) 1 MG/ML(1)		18.87000	04/01/2017	
GRANISETRON HCL ORAL TABLET 1 MG		3.78019	10/01/2017	
GRANISETRON HCL/PF INTRAVENOUS VIAL (ML) 1 MG/ML(1)		10.00000	04/01/2017	
GRANISETRON HCL/PF INTRAVENOUS VIAL (ML) 100 MCG/ML		3.31650	10/01/2017	
GRISEOFULVIN ULTRAMICROSIZE ORAL TABLET 125 MG		3.98900	04/01/2017	
GRISEOFULVIN ULTRAMICROSIZE ORAL TABLET 250 MG		2.81345	07/01/2017	
GRISEOFULVIN, MICROSIZE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 125 MG/5ML	0.06072	0.21058	12/23/2019	
GRISEOFULVIN, MICROSIZE ORAL TABLET 500 MG		5.70082	07/01/2017	
GUAIFENESIN ORAL LIQUID (ML) 100 MG/5ML		0.00603	10/01/2017	
GUAIFENESIN ORAL TABLET 200 MG		0.04455	04/01/2017	
GUAIFENESIN ORAL TABLET 400 MG		0.06770	04/01/2017	
GUAIFENESIN ORAL TABLET, EXTENDED RELEASE 12 HR 1200 MG		0.49159	04/01/2017	
GUAIFENESIN ORAL TABLET, EXTENDED RELEASE 12 HR 600 MG		0.26108	04/01/2017	
GUAIFENESIN/DEXTROMETHORPHAN HBR ORAL LIQUID (ML) 100-10MG/5		0.01792	04/01/2017	
GUAIFENESIN/DEXTROMETHORPHAN HBR ORAL LIQUID (ML) 100-5 MG/5		0.01809	04/01/2017	
GUAIFENESIN/DEXTROMETHORPHAN HBR ORAL LIQUID (ML) 200-10MG/5		0.01681	04/01/2017	
GUAIFENESIN/DEXTROMETHORPHAN HBR ORAL SYRUP 100-10MG/5		0.00857	04/01/2017	
GUAIFENESIN/DEXTROMETHORPHAN HBR ORAL SYRUP 100-5 MG/5		0.04194	04/01/2017	
GUAIFENESIN/DEXTROMETHORPHAN HBR ORAL TABLET 400MG-20MG		0.07899	04/01/2017	
GUAIFENESIN/DEXTROMETHORPHAN HBR ORAL TABLET, EXTENDED RELEASE 12 HR 1200-60MG		0.65000	04/01/2017	
GUAIFENESIN/DEXTROMETHORPHAN HBR/PHENYLEPHRINE ORAL LIQUID (ML) 100-10-5MG		0.01600	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
GUAIFENESIN/DEXTROMETHORPHAN HBR/PHENYLEPHRINE ORAL LIQUID (ML) 200-10-5/5		0.01687	04/01/2017	
GUAIFENESIN/DEXTROMETHORPHAN HBR/PHENYLEPHRINE ORAL TABLET 380-15-10		0.62244	04/01/2017	
GUAIFENESIN/PHENYLEPHRINE HCL ORAL LIQUID (ML) 100-5 MG/5		0.03382	04/01/2017	
GUAIFENESIN/PHENYLEPHRINE HCL ORAL TABLET 380MG-10MG		0.48983	04/01/2017	
GUAIFENESIN/PHENYLEPHRINE HCL ORAL TABLET 400MG-10MG		0.08850	04/01/2017	
GUAIFENESIN/PHENYLEPHRINE HCL/ACETAMINOPHEN ORAL TABLET 200-5-325		0.06083	04/01/2017	
GUAIFENESIN/PSEUDOEPHEDRINE HCL ORAL TABLET 400MG-60MG		0.38464	04/01/2017	
GUAIFENESIN/PSEUDOEPHEDRINE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 600MG-60MG		0.40699	04/01/2017	
GUANABENZ ACETATE ORAL TABLET 4 MG		0.39312	12/12/2011	
GUANABENZ ACETATE ORAL TABLET 8 MG		0.37996	12/12/2011	
GUANFACINE HCL ORAL TABLET 1 MG		0.06090	07/01/2017	
GUANFACINE HCL ORAL TABLET 2 MG		0.07750	01/01/2019	
GUANFACINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 1 MG		0.29950	07/01/2019	
GUANFACINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 2 MG		0.24000	01/01/2020	
GUANFACINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 3 MG		0.34257	07/01/2019	
GUANFACINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 4 MG		0.41430	01/01/2019	
GUANIDINE HCL ORAL TABLET 125 MG		0.21100	04/01/2017	
HALOBETASOL PROPIONATE TOPICAL CREAM (GRAM) 0.05 %		0.31718	10/01/2017	
HALOBETASOL PROPIONATE TOPICAL OINTMENT (GRAM) 0.05 %		0.35818	10/01/2017	
HALOPERIDOL DECANOATE INTRAMUSCULAR AMPUL (ML) 100 MG/ML		34.32000	07/01/2019	
HALOPERIDOL DECANOATE INTRAMUSCULAR AMPUL (ML) 50 MG/ML		21.61583	04/01/2017	
HALOPERIDOL DECANOATE INTRAMUSCULAR VIAL (ML) 100 MG/ML		27.77485	10/01/2017	
HALOPERIDOL DECANOATE INTRAMUSCULAR VIAL (ML) 50 MG/ML		16.82700	04/01/2018	
HALOPERIDOL LACTATE INJECTION AMPUL (ML) 5 MG/ML		1.10550	10/01/2017	
HALOPERIDOL LACTATE INJECTION VIAL (ML) 5 MG/ML		0.63747	10/01/2018	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
HALOPERIDOL LACTATE ORAL CONCENTRATE, ORAL 2 MG/ML		0.03924	10/01/2018	
HALOPERIDOL ORAL TABLET 0.5 MG		0.04573	10/01/2017	
HALOPERIDOL ORAL TABLET 1 MG		0.11610	04/01/2017	
HALOPERIDOL ORAL TABLET 10 MG		0.49430	09/26/2019	
HALOPERIDOL ORAL TABLET 2 MG		0.10990	10/01/2017	
HALOPERIDOL ORAL TABLET 20 MG		0.72000	07/01/2018	
HALOPERIDOL ORAL TABLET 5 MG		0.44768	09/26/2019	
HEPARIN SODIUM,PORCINE IN 0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 12500/250		0.02896	04/01/2017	
HEPARIN SODIUM,PORCINE IN 0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 25000/250		0.03348	04/01/2017	
HEPARIN SODIUM,PORCINE IN 0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 25000/500		0.01269	04/01/2017	
HEPARIN SODIUM,PORCINE IN 0.9 % SODIUM CHLORIDE/PF INTRAVENOUS INTRAVENOUS SOLUTION 1000/500ML		0.00630	04/01/2017	
HEPARIN SODIUM,PORCINE IN 0.9 % SODIUM CHLORIDE/PF INTRAVENOUS INTRAVENOUS SOLUTION 2K/1000ML		0.00577	04/01/2017	
HEPARIN SODIUM,PORCINE INJECTION CARTRIDGE (ML) 5000/ML(1)		0.90249	10/01/2017	
HEPARIN SODIUM,PORCINE INJECTION SYRINGE (ML) 5000/ML		2.48000	04/01/2017	
HEPARIN SODIUM,PORCINE INJECTION VIAL (ML) 1000/ML		0.12780	10/01/2017	
HEPARIN SODIUM,PORCINE INJECTION VIAL (ML) 10000/ML		2.72717	10/01/2017	
HEPARIN SODIUM,PORCINE INJECTION VIAL (ML) 20000/ML		10.00000	04/01/2017	
HEPARIN SODIUM,PORCINE INJECTION VIAL (ML) 5000/ML		0.70240	10/01/2019	
HEPARIN SODIUM,PORCINE INTRAVENOUS DISPOSABLE SYRINGE (ML) 10 UNIT/ML		0.74538	12/12/2011	
HEPARIN SODIUM,PORCINE INTRAVENOUS DISPOSABLE SYRINGE (ML) 100/ML		0.05700	12/12/2011	
HEPARIN SODIUM,PORCINE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 10 UNIT/ML		0.03450	12/12/2011	
HEPARIN SODIUM,PORCINE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 100/ML		0.05700	12/12/2011	
HEPARIN SODIUM,PORCINE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 12500/250		0.02776	04/01/2017	
HEPARIN SODIUM,PORCINE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 20K/500ML		0.01094	04/01/2017	
HEPARIN SODIUM,PORCINE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 25000/250		0.03300	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
HEPARIN SODIUM,PORCINE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 25000/500		0.01148	04/01/2017	
HEPARIN SODIUM,PORCINE/PF INJECTION SYRINGE (ML) 5000/0.5ML		3.40775	10/01/2017	
HEPARIN SODIUM,PORCINE/PF INJECTION VIAL (ML) 1000/ML		5.20000	04/01/2017	
HEPARIN SODIUM,PORCINE/PF INJECTION VIAL (ML) 5000/0.5ML		3.40772	10/01/2017	
HEPARIN SODIUM,PORCINE/PF INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 100/ML		0.05700	12/12/2011	
HETASTARCH IN 0.9 % SODIUM CHLORIDE INTRAVENOUS PLASTIC BAG, INJECTION (ML) 6 %-0.9 %		0.02508	04/01/2017	
HYDRALAZINE HCL INJECTION VIAL (ML) 20 MG/ML		2.42000	04/01/2017	
HYDRALAZINE HCL ORAL TABLET 10 MG		0.02512	10/01/2017	
HYDRALAZINE HCL ORAL TABLET 100 MG		0.05350	10/01/2017	
HYDRALAZINE HCL ORAL TABLET 25 MG		0.01970	01/01/2019	
HYDRALAZINE HCL ORAL TABLET 50 MG		0.02660	01/01/2019	
HYDROCHLOROTHIAZIDE ORAL CAPSULE 12.5 MG		0.00920	10/01/2017	
HYDROCHLOROTHIAZIDE ORAL TABLET 12.5 MG		0.00790	01/01/2019	
HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG		0.00717	04/01/2017	
HYDROCHLOROTHIAZIDE ORAL TABLET 50 MG		0.01477	10/01/2017	
HYDROCODONE BIT/ACETAMINOPHEN ORAL SOLUTION, ORAL 5-334MG/10		0.02850	09/01/2011	
HYDROCODONE BIT/ACETAMINOPHEN ORAL SOLUTION, ORAL 7.5-500/15		0.02122	01/01/2012	
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10-660MG		0.18825	01/01/2012	
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10-750MG		0.66084	12/12/2011	
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10MG-500MG		0.14064	05/19/2011	
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10MG-650MG		0.06819	12/12/2011	
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 2.5-500MG		0.10707	12/12/2011	
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 5 MG-500MG		0.03375	01/01/2012	
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 7.5-500MG		0.06000	12/12/2011	
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 7.5-650 MG		0.06618	12/12/2011	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 7.5-750MG		0.04752	05/19/2011	
HYDROCODONE BITART/CHLORPHENIRAMINE MALEATE/PSEUDOEPHEDRINE ORAL SOLUTION, ORAL 5-4-60MG/5		0.70000	04/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 10-300/15		0.38025	04/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 10-325/15		1.35466	04/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 2.5-108/5		0.67415	04/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 2.5-167/5		0.01910	10/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 5-163/7.5		2.39666	04/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 5-217MG/10		0.38195	04/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 7.5-325/15		0.18317	04/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 7.5-325/15		0.02988	10/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 10MG-300MG		0.60610	07/01/2018	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 10MG-325MG		0.06942	10/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 2.5-325 MG		0.54928	04/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 5 MG-300MG		0.41600	07/01/2018	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 5 MG-325MG		0.04523	10/01/2017	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 7.5-300 MG		0.47530	07/01/2018	
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 7.5-325 MG		0.08590	04/01/2017	
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE ORAL SYRUP 5-1.5 MG/5		0.09825	04/01/2017	
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE ORAL SYRUP 5-1.5 MG/5		0.60000	04/01/2017	
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE ORAL TABLET 5 MG-1.5MG		0.73638	04/01/2017	
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX ORAL SUSPENSION, EXTENDED RELEASE 12 HR 10-8MG/5ML		0.37829	10/01/2019	
HYDROCODONE/IBUPROFEN ORAL TABLET 10MG-200MG		3.29566	04/01/2017	
HYDROCODONE/IBUPROFEN ORAL TABLET 5MG-200MG		2.01052	04/01/2017	
HYDROCODONE/IBUPROFEN ORAL TABLET 7.5-200 MG		0.10754	10/01/2017	
HYDROCORTISONE ACETATE RECTAL SUPPOSITORY, RECTAL 25 MG		0.50167	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
HYDROCORTISONE ACETATE RECTAL SUPPOSITORY, RECTAL 30 MG		1.75875	10/01/2017	
HYDROCORTISONE ACETATE TOPICAL CREAM (GRAM) 0.5 %		0.05254	04/01/2017	
HYDROCORTISONE ACETATE TOPICAL CREAM (GRAM) 1 %		0.05687	04/01/2017	
HYDROCORTISONE ACETATE TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %		7.42464	04/01/2017	
HYDROCORTISONE ACETATE TOPICAL OINTMENT (GRAM) 1 %		0.08465	12/12/2011	
HYDROCORTISONE ACETATE/ALOE VERA TOPICAL LOTION (GRAM) 2 %		1.27825	12/12/2011	
HYDROCORTISONE ACETATE/LIDOCAINE HCL/ALOE VERA RECTAL GEL WITH APPLICATOR (GRAM) 0.55%-2.8%		1.20250	04/01/2017	
HYDROCORTISONE ACETATE/LIDOCAINE HCL/ALOE VERA RECTAL KIT 2 %-2 %		221.20000	04/01/2017	
HYDROCORTISONE ACETATE/LIDOCAINE HCL/ALOE VERA RECTAL KIT 2.5-3%(7G)		160.25000	04/01/2017	
HYDROCORTISONE ACETATE/PRAMOXINE HCL RECTAL CREAM WITH APPLICATOR 1 %-1 %		1.51187	04/01/2017	
HYDROCORTISONE ACETATE/PRAMOXINE HCL RECTAL CREAM WITH APPLICATOR 2.5 %-1 %		1.02800	01/01/2014	
HYDROCORTISONE ACETATE/PRAMOXINE HCL TOPICAL CREAM (GRAM) 2.5 %-1 %		1.31539	12/12/2011	
HYDROCORTISONE BUTYRATE TOPICAL CREAM (GRAM) 0.1 %		0.78211	10/01/2017	
HYDROCORTISONE BUTYRATE TOPICAL OINTMENT (GRAM) 0.1 %		0.36689	10/01/2017	
HYDROCORTISONE BUTYRATE TOPICAL SOLUTION, NON-ORAL 0.1 %		0.14688	10/01/2017	
HYDROCORTISONE BUTYRATE/EMOLLIENT BASE TOPICAL CREAM (GRAM) 0.1 %		1.53311	07/01/2019	
HYDROCORTISONE ORAL TABLET 10 MG		0.18980	07/01/2018	
HYDROCORTISONE ORAL TABLET 20 MG		0.13960	10/01/2018	
HYDROCORTISONE ORAL TABLET 5 MG		0.13760	07/01/2018	
HYDROCORTISONE RECTAL CREAM (GRAM) 2.5 %		0.17850	12/12/2011	
HYDROCORTISONE RECTAL ENEMA (ML) 100MG/60ML		0.08466	04/01/2017	
HYDROCORTISONE SOD SUCCINATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 100 MG		2.91000	12/12/2011	
HYDROCORTISONE TOPICAL CREAM (GRAM) 0.5 %		0.05102	10/01/2017	
HYDROCORTISONE TOPICAL CREAM (GRAM) 1 %		0.05100	04/01/2017	
HYDROCORTISONE TOPICAL CREAM (GRAM) 2.5 %		0.06633	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
HYDROCORTISONE TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %		0.31758	10/01/2017	
HYDROCORTISONE TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %		0.40758	01/01/2020	
HYDROCORTISONE TOPICAL LOTION (ML) 1 %		0.04330	10/01/2017	
HYDROCORTISONE TOPICAL LOTION (ML) 2.5 %		0.11192	10/01/2017	
HYDROCORTISONE TOPICAL OINTMENT (GRAM) 0.5 %		0.05241	10/01/2017	
HYDROCORTISONE TOPICAL OINTMENT (GRAM) 1 %		0.03235	10/01/2017	
HYDROCORTISONE TOPICAL OINTMENT (GRAM) 2.5 %		0.10547	04/01/2017	
HYDROCORTISONE TOPICAL SOLUTION, NON-ORAL 1 %		0.12431	04/01/2017	
HYDROCORTISONE VALERATE TOPICAL CREAM (GRAM) 0.2 %		1.43182	01/01/2020	
HYDROCORTISONE VALERATE TOPICAL OINTMENT (GRAM) 0.2 %		2.67600	01/01/2018	
HYDROCORTISONE/ACETIC ACID OTIC DROPS 1 %-2 %		5.51733	01/01/2020	
HYDROCORTISONE/ALOE VERA TOPICAL CREAM (GRAM) 1 %		0.06666	04/01/2017	
HYDROCORTISONE/ALOE VERA TOPICAL OINTMENT (GRAM) 1 %		0.04829	12/12/2011	
HYDROCORTISONE/IODOQUINOL TOPICAL CREAM (GRAM) 1 %-1 %		0.88469	12/12/2011	
HYDROCORTISONE/MINERAL OIL/PETROLATUM,WHITE TOPICAL OINTMENT (GRAM) 1 %		0.03235	10/01/2017	
HYDROGEN PEROXIDE MISCELLANEOUS SOLUTION, NON-ORAL 3 %		0.00195	04/01/2017	
HYDROMORPHONE HCL INJECTION AMPUL (ML) 1 MG/ML		1.61000	04/01/2017	
HYDROMORPHONE HCL INJECTION AMPUL (ML) 2 MG/ML		1.50000	04/01/2017	
HYDROMORPHONE HCL INJECTION AMPUL (ML) 4 MG/ML		2.10000	04/01/2017	
HYDROMORPHONE HCL INJECTION SYRINGE (ML) 0.5MG/.5ML		5.40000	04/01/2017	
HYDROMORPHONE HCL INJECTION SYRINGE (ML) 1 MG/ML		2.56000	04/01/2017	
HYDROMORPHONE HCL INJECTION SYRINGE (ML) 2 MG/ML		2.74000	04/01/2017	
HYDROMORPHONE HCL INJECTION SYRINGE (ML) 4 MG/ML		2.56000	04/01/2017	
HYDROMORPHONE HCL INJECTION VIAL (ML) 2 MG/ML		1.04600	04/01/2017	
HYDROMORPHONE HCL ORAL LIQUID (ML) 1 MG/ML		0.34343	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
HYDROMORPHONE HCL ORAL TABLET 2 MG		0.06570	04/01/2017	
HYDROMORPHONE HCL ORAL TABLET 4 MG		0.07950	04/01/2017	
HYDROMORPHONE HCL ORAL TABLET 8 MG		0.21960	04/01/2019	
HYDROMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 12 MG		12.00000	04/01/2017	
HYDROMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 16 MG		15.77926	04/01/2017	
HYDROMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 32 MG		40.10245	04/01/2017	
HYDROMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 8 MG		11.04980	04/01/2017	
HYDROMORPHONE HCL RECTAL SUPPOSITORY, RECTAL 3 MG		9.58200	04/01/2017	
HYDROMORPHONE HCL/PF INJECTION AMPUL (ML) 10 MG/ML		1.39896	10/01/2017	
HYDROMORPHONE HCL/PF INJECTION AMPUL (ML) 2 MG/ML		0.51600	12/12/2011	
HYDROMORPHONE HCL/PF INJECTION DISPOSABLE SYRINGE (ML) 2 MG/ML		0.51600	12/12/2011	
HYDROMORPHONE HCL/PF INJECTION VIAL (ML) 10 MG/ML		1.58023	04/01/2017	
HYDROMORPHONE HCL/PF INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 2 MG/ML		0.51600	12/12/2011	
HYDROPHILIC OINTMENT TOPICAL OINTMENT (GRAM)		0.03508	12/12/2011	
HYDROQUINONE MICROSPHERES TOPICAL CREAM, EXTENDED RELEASE (GRAM) 4 %		2.23367	01/01/2018	
HYDROQUINONE TOPICAL CREAM (GRAM) 4 %		0.83056	01/01/2020	
HYDROXOCOBALAMIN INTRAMUSCULAR VIAL (ML) 1000MCG/ML		0.84150	04/01/2017	
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 200 MG		0.14075	01/01/2020	
HYDROXYPROGESTERONE CAPROATE INTRAMUSCULAR VIAL (ML) 250 MG/ML		320.35400	04/01/2019	
HYDROXYUREA ORAL CAPSULE 500 MG		0.18352	04/01/2018	
HYDROXYZINE HCL INTRAMUSCULAR VIAL (ML) 25 MG/ML		4.25000	04/01/2017	
HYDROXYZINE HCL INTRAMUSCULAR VIAL (ML) 50 MG/ML		0.85425	10/01/2017	
HYDROXYZINE HCL ORAL SOLUTION, ORAL 10 MG/5 ML		0.03692	04/01/2018	
HYDROXYZINE HCL ORAL SOLUTION, ORAL 50 MG/25ML		0.30860	04/01/2017	
HYDROXYZINE HCL ORAL TABLET 10 MG		0.04324	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
HYDROXYZINE HCL ORAL TABLET 25 MG		0.01390	01/01/2019	
HYDROXYZINE HCL ORAL TABLET 50 MG		0.09760	07/19/2019	
HYDROXYZINE PAMOATE ORAL CAPSULE 100 MG		0.41970	01/01/2018	
HYDROXYZINE PAMOATE ORAL CAPSULE 25 MG		0.05387	07/01/2017	
HYDROXYZINE PAMOATE ORAL CAPSULE 50 MG		0.04920	01/01/2019	
HYOSCYAMINE SULFATE ORAL ELIXIR 125MCG/5ML		0.09267	12/12/2011	
HYOSCYAMINE SULFATE ORAL TABLET 0.125 MG		0.11025	10/01/2019	
HYOSCYAMINE SULFATE ORAL TABLET, EXTENDED RELEASE 12 HR 0.375 MG		0.24290	07/01/2019	
HYOSCYAMINE SULFATE ORAL TABLET,DISINTEGRATING 0.125 MG		0.12900	07/01/2019	
HYOSCYAMINE SULFATE SUBLINGUAL TABLET, SUBLINGUAL 0.125 MG		0.11475	01/01/2020	
IBANDRONATE SODIUM INTRAVENOUS SYRINGE (ML) 3 MG/3 ML		80.00000	04/01/2017	
IBANDRONATE SODIUM INTRAVENOUS VIAL (ML) 3 MG/3 ML		140.33333	04/01/2017	
IBANDRONATE SODIUM ORAL TABLET 150 MG		3.38667	01/01/2019	
IBUPROFEN LYSINE/PF INTRAVENOUS VIAL (ML) 20 MG/2 ML		203.00000	04/01/2017	
IBUPROFEN ORAL CAPSULE 200 MG		0.08989	04/01/2017	
IBUPROFEN ORAL SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 50 MG/1.25		0.24944	04/01/2017	
IBUPROFEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/5ML		0.02112	01/01/2019	
IBUPROFEN ORAL TABLET 200 MG		0.01211	10/01/2017	
IBUPROFEN ORAL TABLET 400 MG		0.01910	10/01/2017	
IBUPROFEN ORAL TABLET 600 MG		0.02108	10/01/2017	
IBUPROFEN ORAL TABLET 800 MG		0.02812	10/01/2017	
IBUPROFEN ORAL TABLET, CHEWABLE 100 MG		0.13925	04/01/2017	
IBUPROFEN/DIPHENHYDRAMINE CITRATE ORAL TABLET 200MG-38MG		0.12061	04/01/2017	
IBUPROFEN/OXYCODONE HCL ORAL TABLET 400MG-5MG		1.06130	04/01/2017	
IBUPROFEN/PSEUDOEPHEDRINE HCL ORAL TABLET 200MG-30MG		0.16826	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
IBUTILIDE FUMARATE INTRAVENOUS VIAL (ML) 0.1 MG/ML		29.83000	04/01/2017	
IDARUBICIN HCL INTRAVENOUS VIAL (ML) 1 MG/ML		11.48450	04/01/2017	
IFOSFAMIDE INTRAVENOUS VIAL (EA) 1 G		35.23000	04/01/2017	
IFOSFAMIDE INTRAVENOUS VIAL (EA) 3 G		107.54000	04/01/2017	
IFOSFAMIDE INTRAVENOUS VIAL (ML) 1 G/20 ML		1.83700	04/01/2017	
IFOSFAMIDE INTRAVENOUS VIAL (ML) 3 G/60 ML		1.79233	04/01/2017	
IFOSFAMIDE/MESNA INTRAVENOUS KIT 1G-1G		630.00000	04/01/2017	
IFOSFAMIDE/MESNA INTRAVENOUS KIT 3G-1G		936.00000	04/01/2017	
IMATINIB MESYLATE ORAL TABLET 100 MG		3.78000	07/01/2019	
IMATINIB MESYLATE ORAL TABLET 400 MG		13.83333	04/01/2019	
IMIPENEM/CILASTATIN SODIUM INTRAVENOUS VIAL (EA) 250 MG		5.25000	04/01/2017	
IMIPENEM/CILASTATIN SODIUM INTRAVENOUS VIAL (EA) 500 MG		9.71000	04/01/2017	
IMIPRAMINE HCL ORAL TABLET 10 MG		0.04894	10/01/2017	
IMIPRAMINE HCL ORAL TABLET 25 MG		0.02850	10/01/2017	
IMIPRAMINE HCL ORAL TABLET 50 MG		0.11450	10/01/2017	
IMIPRAMINE PAMOATE ORAL CAPSULE 100 MG		4.72727	04/01/2017	
IMIPRAMINE PAMOATE ORAL CAPSULE 125 MG		9.96960	10/01/2017	
IMIPRAMINE PAMOATE ORAL CAPSULE 150 MG		8.79173	04/01/2017	
IMIPRAMINE PAMOATE ORAL CAPSULE 75 MG		3.03269	04/01/2017	
IMIQUIMOD TOPICAL CREAM IN PACKET (EA) 5 %		1.61958	04/01/2017	
INDAPAMIDE ORAL TABLET 1.25 MG		0.16231	04/01/2017	
INDAPAMIDE ORAL TABLET 2.5 MG		0.04070	10/01/2017	
INDOMETHACIN ORAL CAPSULE 25 MG		0.02910	01/01/2019	
INDOMETHACIN ORAL CAPSULE 50 MG		0.05900	01/01/2019	
INDOMETHACIN ORAL CAPSULE, EXTENDED RELEASE 75 MG		0.27750	04/01/2018	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
INDOMETHACIN SODIUM INTRAVENOUS VIAL (EA) 1 MG		371.24000	04/01/2017	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN (ML) 100/ML		16.93200	01/01/2020	
IODINE/SODIUM IODIDE TOPICAL TINCTURE 2 %		0.07941	04/01/2017	
IPRATROPIUM BROMIDE INHALATION SOLUTION, NON-ORAL 0.2 MG/ML		0.04733	04/01/2017	
IPRATROPIUM BROMIDE NASAL AEROSOL, SPRAY (ML) 21 MCG		0.19598	10/01/2017	
IPRATROPIUM BROMIDE NASAL AEROSOL, SPRAY (ML) 42 MCG		0.39866	10/01/2017	
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE INHALATION AMPUL FOR NEBULIZATION (ML) 0.5-3MG/3		0.03672	01/01/2019	
IRBESARTAN ORAL TABLET 150 MG		0.07247	10/01/2017	
IRBESARTAN ORAL TABLET 300 MG		0.10000	01/01/2019	
IRBESARTAN ORAL TABLET 75 MG		0.04433	01/01/2019	
IRBESARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 150-12.5MG		0.04467	01/01/2019	
IRBESARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 300-12.5MG		0.07100	01/01/2019	
IRINOTECAN HCL INTRAVENOUS VIAL (ML) 100 MG/5ML		2.63400	10/01/2018	
IRINOTECAN HCL INTRAVENOUS VIAL (ML) 40 MG/2 ML		3.38500	04/01/2019	
IRINOTECAN HCL INTRAVENOUS VIAL (ML) 500MG/25ML		6.09231	10/01/2017	
IRON ASP GLY&PS CMLPX/ASCORB.CAL/VIT B12/FA/CA-THR/SUCC.ACID ORAL CAPSULE (HARD, SOFT, ETC.) 150-25-1		1.45583	12/12/2011	
IRON ASPGLY/ASCORB.CAL/VIT B12/CALCIUM THR/SUCC.ACID/STOMACH ORAL TABLET 70-150-10		1.25833	12/12/2011	
IRON BISGLY,PSCMLPX/ASCORBATE CALC/B12/FOLIC ACID/CALC-THREO ORAL CAPSULE 150MG-60-1		0.50580	04/01/2017	
IRON CARBONYL, GLUC/FOLIC ACID/VIT B12/VIT C/DOCUSATE SODIUM ORAL TABLET 90-1-50 MG		1.82344	04/01/2017	
IRON DEXTRAN COMPLEX INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 50 MG/ML		17.97698	12/12/2011	
IRON FUMARATE,POLYSAC COMP/FOLIC ACID/VITAMIN C/NIACINAMIDE ORAL CAPSULE 125-1-40-3		0.33631	04/01/2017	
IRON FUMARATE-IRON POLYSACCH CPLEX/FOLIC ACID/MULTIVIT NO.18 ORAL CAPSULE 106 MG-1MG		0.39609	04/01/2017	
IRON FUMARTE &ASP GLY/ASCORB.CAL/VIT B12/FA/CA-THR/SUCC.ACID ORAL TABLET 151-60-1MG		1.21666	12/12/2011	
IRON POLYSACCHARIDE COMPLEX ORAL CAPSULE 150 MG		0.08500	01/01/2019	
IRON POLYSACCHARIDE COMPLEX/CYANOCOBALAMIN/FOLIC ACID ORAL CAPSULE 150-25-1		0.07950	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
IRON, CARBONYL/FOLIC ACID/VIT B12/VITAMIN C/DOCUSATE SODIUM ORAL TABLET 90-1-50 MG		0.42929	04/01/2017	
IRON,CARBONYL ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 15MG/1.25		0.23534	04/01/2017	
IRON,CARBONYL/ASCORBIC ACID ORAL TABLET 100-250 MG		0.12030	04/01/2017	
IRON,CARBONYL/ASCORBIC ACID/CYANOCOBALAMIN/FOLIC ACID ORAL TABLET 100-250-1		0.23100	04/01/2017	
IRON,CARBONYL/FOLIC ACID/VIT C/PYRIDOXINE HCL/VIT B12/ZINC ORAL TABLET 150-1.25MG		0.70000	01/01/2019	
ISOMETHEPTENE MUCATE/CAFFEINE/ACETAMINOPHEN ORAL TABLET 65-20-325		4.92000	04/01/2017	
ISOMETHEPTENE MUCATE/DICHLORALPHENAZONE/ACETAMINOPHEN ORAL CAPSULE 65-100-325		0.75777	10/01/2017	
ISONIAZID INJECTION VIAL (ML) 100 MG/ML		31.68600	04/01/2017	
ISONIAZID ORAL SOLUTION, ORAL 50 MG/5 ML		0.31002	04/01/2017	
ISONIAZID ORAL TABLET 100 MG		0.08534	04/01/2017	
ISONIAZID ORAL TABLET 300 MG		0.05065	10/01/2017	
ISOPROPYL ALCOHOL IN GLYCERIN OTIC DROPS 95 %-5 %		0.08832	04/01/2017	
ISOPROPYL ALCOHOL MISCELLANEOUS SOLUTION, NON-ORAL 70 %		0.02105	10/01/2017	
ISOPROPYL ALCOHOL MISCELLANEOUS SOLUTION, NON-ORAL 91 %		0.00369	04/01/2017	
ISOSORBIDE DINITRATE ORAL TABLET 10 MG		0.35323	10/01/2018	
ISOSORBIDE DINITRATE ORAL TABLET 20 MG		0.31000	01/01/2019	
ISOSORBIDE DINITRATE ORAL TABLET 30 MG		0.05695	01/01/2019	
ISOSORBIDE DINITRATE ORAL TABLET 5 MG		0.02060	10/01/2017	
ISOSORBIDE DINITRATE ORAL TABLET, EXTENDED RELEASE 40 MG		0.50637	10/01/2017	
ISOSORBIDE DINITRATE SUBLINGUAL TABLET, SUBLINGUAL 2.5 MG		0.05631	12/12/2011	
ISOSORBIDE DINITRATE SUBLINGUAL TABLET, SUBLINGUAL 5 MG		0.10315	12/12/2011	
ISOSORBIDE MONONITRATE ORAL TABLET 10 MG		0.06010	07/01/2019	
ISOSORBIDE MONONITRATE ORAL TABLET 20 MG		0.03186	10/01/2017	
ISOSORBIDE MONONITRATE ORAL TABLET, EXTENDED RELEASE 24 HR 120 MG		0.21185	10/01/2017	
ISOSORBIDE MONONITRATE ORAL TABLET, EXTENDED RELEASE 24 HR 30 MG		0.06300	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ISOSORBIDE MONONITRATE ORAL TABLET, EXTENDED RELEASE 24 HR 60 MG		0.07400	01/01/2019	
ISOSULFAN BLUE SUBCUTANEOUS VIAL (ML) 1 %		140.00000	04/01/2017	
ISOTRETINOIN ORAL CAPSULE 10 MG		5.92984	04/01/2017	
ISOTRETINOIN ORAL CAPSULE 20 MG		1.92767	10/01/2018	
ISOTRETINOIN ORAL CAPSULE 30 MG		8.06400	10/01/2018	
ISOTRETINOIN ORAL CAPSULE 40 MG		2.71200	07/01/2018	
ISOXSUPRINE HCL ORAL TABLET 10 MG		1.00000	04/01/2017	
ISRADIPINE ORAL CAPSULE 2.5 MG		0.82100	10/01/2017	
ISRADIPINE ORAL CAPSULE 5 MG		1.31560	04/01/2017	
ITRACONAZOLE ORAL CAPSULE 100 MG		1.09133	01/01/2020	
IVERMECTIN ORAL TABLET 3 MG		3.45050	01/01/2020	
KANAMYCIN SULFATE MISCELLANEOUS POWDER (GRAM)		16.63000	04/01/2017	
KETAMINE HCL INJECTION VIAL (ML) 10 MG/ML		0.82490	04/01/2017	
KETAMINE HCL INJECTION VIAL (ML) 100 MG/ML		1.14000	04/01/2017	
KETAMINE HCL INJECTION VIAL (ML) 50 MG/ML		0.35000	04/01/2017	
KETOCONAZOLE ORAL TABLET 200 MG		0.15618	10/01/2017	
KETOCONAZOLE TOPICAL CREAM (GRAM) 2 %		0.53333	04/01/2017	
KETOCONAZOLE TOPICAL FOAM (GRAM) 2 %		6.90820	04/01/2017	
KETOCONAZOLE TOPICAL SHAMPOO 2 %		0.05867	04/01/2017	
KETOPROFEN ORAL CAPSULE 50 MG		0.07653	10/01/2017	
KETOPROFEN ORAL CAPSULE 75 MG		0.07929	10/01/2017	
KETOPROFEN ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 200 MG		1.55736	10/01/2017	
KETOROLAC TROMETHAMINE INJECTION CARTRIDGE (ML) 30 MG/ML		0.63048	10/01/2017	
KETOROLAC TROMETHAMINE INJECTION SYRINGE (ML) 15 MG/ML		2.00000	04/01/2017	
KETOROLAC TROMETHAMINE INJECTION SYRINGE (ML) 30 MG/ML		2.05000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
KETOROLAC TROMETHAMINE INJECTION VIAL (ML) 15 MG/ML		2.50888	04/01/2017	
KETOROLAC TROMETHAMINE INJECTION VIAL (ML) 30MG/ML(1)		0.63048	10/01/2017	
KETOROLAC TROMETHAMINE INTRAMUSCULAR SYRINGE (ML) 60 MG/2 ML		1.14500	04/01/2017	
KETOROLAC TROMETHAMINE INTRAMUSCULAR VIAL (ML) 60 MG/2 ML		0.42190	10/01/2017	
KETOROLAC TROMETHAMINE OPHTHALMIC DROPS 0.4 %		1.40193	10/01/2017	
KETOROLAC TROMETHAMINE OPHTHALMIC DROPS 0.5 %		0.79000	04/01/2017	
KETOROLAC TROMETHAMINE ORAL TABLET 10 MG		0.13839	10/01/2017	
KETOTIFEN FUMARATE OPHTHALMIC DROPS 0.025 %		1.13000	07/01/2018	
LABETALOL HCL INTRAVENOUS SYRINGE (ML) 20 MG/4 ML		1.69000	04/01/2017	
LABETALOL HCL INTRAVENOUS VIAL (ML) 5 MG/ML		0.15275	04/01/2017	
LABETALOL HCL ORAL TABLET 100 MG		0.08888	01/01/2019	
LABETALOL HCL ORAL TABLET 200 MG		0.08470	01/01/2019	
LABETALOL HCL ORAL TABLET 300 MG		0.26440	04/01/2018	
LACTASE ORAL TABLET 3000 UNIT		0.08600	01/01/2014	
LACTASE ORAL TABLET 9000 UNIT		0.13269	12/12/2011	
LACTIC ACID TOPICAL CREAM (GRAM) 10 %		0.14220	12/12/2011	
LACTIC ACID TOPICAL LOTION (ML) 10 %		0.07926	12/12/2011	
LACTOBACILLUS ACIDOPHILUS/LACTOBACILLUS SPOROGENES ORAL TABLET 35MM-25MM		0.04200	12/12/2011	
LACTOBACILLUS ACIDOPHILUS/PECTIN, CITRUS ORAL TABLET 25MM-100MG		0.04200	12/12/2011	
LACTULOSE ORAL SOLUTION, ORAL 10 G/15 ML		0.00992	04/01/2017	
LACTULOSE ORAL SOLUTION, ORAL 10 G/15 ML		0.00854	04/01/2017	
LACTULOSE ORAL SOLUTION, ORAL 10 G/15 ML		0.04500	04/01/2017	
LACTULOSE ORAL SOLUTION, ORAL 20 G/30 ML		0.02263	04/01/2017	
LAMIVUDINE ORAL SOLUTION, ORAL 10 MG/ML		0.24042	07/01/2018	
LAMIVUDINE ORAL TABLET 100 MG		2.90283	07/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
LAMIVUDINE ORAL TABLET 150 MG		0.57867	01/01/2019	
LAMIVUDINE ORAL TABLET 300 MG		1.15484	07/01/2019	
LAMIVUDINE/ZIDOVUDINE ORAL TABLET 150-300MG		0.33467	07/01/2018	
LAMOTRIGINE ORAL TABLET 100 MG		0.02510	01/01/2019	
LAMOTRIGINE ORAL TABLET 150 MG		0.04067	01/01/2019	
LAMOTRIGINE ORAL TABLET 200 MG		0.05283	01/01/2019	
LAMOTRIGINE ORAL TABLET 25 MG		0.02760	04/01/2017	
LAMOTRIGINE ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG		0.08550	10/01/2017	
LAMOTRIGINE ORAL TABLET, CHEWABLE DISPERSIBLE 5 MG		0.08870	04/01/2019	
LAMOTRIGINE ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG		1.92633	01/01/2019	
LAMOTRIGINE ORAL TABLET, EXTENDED RELEASE 24 HR 200 MG		2.03333	01/01/2019	
LAMOTRIGINE ORAL TABLET, EXTENDED RELEASE 24 HR 25 MG		2.12267	10/01/2018	
LAMOTRIGINE ORAL TABLET, EXTENDED RELEASE 24 HR 250 MG		7.24667	01/01/2019	
LAMOTRIGINE ORAL TABLET, EXTENDED RELEASE 24 HR 300 MG		5.96736	10/01/2017	
LAMOTRIGINE ORAL TABLET, EXTENDED RELEASE 24 HR 50 MG		2.05000	10/01/2019	
LAMOTRIGINE ORAL TABLET,DISINTEGRATING 100 MG		6.92295	04/01/2017	
LAMOTRIGINE ORAL TABLET,DISINTEGRATING 200 MG		9.03100	04/01/2017	
LAMOTRIGINE ORAL TABLET,DISINTEGRATING 25 MG		6.03687	04/01/2017	
LAMOTRIGINE ORAL TABLET,DISINTEGRATING 50 MG		4.19766	04/26/2019	
LAMOTRIGINE ORAL TABLET,DISINTEGRATING, DOSE PACK 25(21)-50		9.11071	04/01/2017	
LAMOTRIGINE ORAL TABLET,DISINTEGRATING, DOSE PACK 25-50-100		10.41142	04/01/2017	
LAMOTRIGINE ORAL TABLET,DISINTEGRATING, DOSE PACK 50(42)-100		13.01392	04/01/2017	
LANOLIN/MINERAL OIL TOPICAL LOTION (ML)		0.02238	12/12/2011	
LANOLIN/MINERAL OIL/PETROLATUM,WHITE OPHTHALMIC OINTMENT (GRAM)		0.95639	04/01/2016	
LANSOPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 15 MG		0.13167	07/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
LANSOPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 30 MG		0.05356	01/01/2019	
LANSOPRAZOLE ORAL TABLET,DISINTEGRATING, DELAYED RELEASE 15 MG		6.03366	01/01/2013	
LANSOPRAZOLE/AMOXICILLIN TRIHYDRATE/CLARITHROMYCIN ORAL COMBINATION PACKAGE (EA) 30-500-500		2.70536	01/01/2018	
LANTHANUM CARBONATE ORAL TABLET, CHEWABLE 500 MG		11.55667	07/01/2018	
LATANOPROST OPHTHALMIC DROPS 0.005 %		1.20000	04/01/2017	
LEFLUNOMIDE ORAL TABLET 10 MG		0.37353	10/01/2017	
LEFLUNOMIDE ORAL TABLET 20 MG		0.26633	10/01/2017	
LETROZOLE ORAL TABLET 2.5 MG		0.10847	04/01/2018	
LEUCOVORIN CALCIUM INJECTION VIAL (EA) 100 MG		8.80000	04/01/2017	
LEUCOVORIN CALCIUM INJECTION VIAL (EA) 200 MG		15.40000	04/01/2017	
LEUCOVORIN CALCIUM INJECTION VIAL (EA) 350 MG		0.45667	07/01/2019	
LEUCOVORIN CALCIUM INJECTION VIAL (EA) 50 MG		5.28000	04/01/2017	
LEUCOVORIN CALCIUM INJECTION VIAL (EA) 500 MG		78.71000	04/01/2017	
LEUCOVORIN CALCIUM ORAL TABLET 10 MG		5.53875	07/01/2019	
LEUCOVORIN CALCIUM ORAL TABLET 15 MG		5.29500	04/01/2017	
LEUCOVORIN CALCIUM ORAL TABLET 25 MG		5.68680	08/15/2019	
LEUCOVORIN CALCIUM ORAL TABLET 5 MG		0.60030	10/01/2018	
LEUPROLIDE ACETATE SUBCUTANEOUS KIT 1 MG/0.2ML		264.00000	04/01/2017	
LEVALBUTEROL HCL INHALATION VIAL, NEBULIZER (EA) 1.25MG/0.5		2.48408	10/01/2017	
LEVALBUTEROL HCL INHALATION VIAL, NEBULIZER (ML) 0.31MG/3ML		0.81625	04/01/2017	
LEVALBUTEROL HCL INHALATION VIAL, NEBULIZER (ML) 0.63MG/3ML		0.22569	01/01/2019	
LEVALBUTEROL HCL INHALATION VIAL, NEBULIZER (ML) 1.25MG/3ML		0.29673	10/01/2018	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL WITH ADAPTER (GRAM) 45 MCG		3.53733	01/01/2018	
LEVETIRACETAM IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 1000MG/100		0.30000	04/01/2017	
LEVETIRACETAM IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 1500MG/100		0.40000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
LEVETIRACETAM IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 500MG/0.1L		0.18500	04/01/2017	
LEVETIRACETAM INTRAVENOUS VIAL (ML) 500 MG/5ML		0.97600	04/01/2017	
LEVETIRACETAM ORAL SOLUTION, ORAL 100 MG/ML		0.02429	01/01/2019	
LEVETIRACETAM ORAL SOLUTION, ORAL 500 MG/5ML		0.17652	10/01/2017	
LEVETIRACETAM ORAL TABLET 1000 MG		0.11783	01/01/2019	
LEVETIRACETAM ORAL TABLET 250 MG		0.05829	10/01/2017	
LEVETIRACETAM ORAL TABLET 500 MG		0.07400	04/01/2017	
LEVETIRACETAM ORAL TABLET 750 MG		0.10150	07/01/2018	
LEVETIRACETAM ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG		0.10150	01/01/2019	
LEVETIRACETAM ORAL TABLET, EXTENDED RELEASE 24 HR 750 MG		0.27750	07/01/2019	
LEVOBUNOLOL HCL OPHTHALMIC DROPS 0.25 %		1.08462	12/12/2011	
LEVOBUNOLOL HCL OPHTHALMIC DROPS 0.5 %		0.33366	10/01/2017	
LEVOCARNITINE (WITH SUGAR) ORAL SOLUTION, ORAL 100 MG/ML		0.12333	10/01/2017	
LEVOCARNITINE INTRAVENOUS VIAL (ML) 200 MG/ML		1.92000	04/01/2017	
LEVOCARNITINE ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG		0.62100	12/12/2011	
LEVOCARNITINE ORAL TABLET 330 MG		0.43494	10/01/2017	
LEVOCETIRIZINE DIHYDROCHLORIDE ORAL SOLUTION, ORAL 2.5 MG/5ML		0.35058	04/01/2017	
LEVOCETIRIZINE DIHYDROCHLORIDE ORAL TABLET 5 MG		0.02322	01/01/2019	
LEVOFLOXACIN INTRAVENOUS VIAL (ML) 25 MG/ML		0.22000	07/01/2019	
LEVOFLOXACIN OPHTHALMIC DROPS 0.5 %		8.98156	04/01/2017	
LEVOFLOXACIN ORAL SOLUTION, ORAL 250MG/10ML		1.21100	04/01/2017	
LEVOFLOXACIN ORAL SOLUTION, ORAL 250MG/10ML		0.79288	04/01/2017	
LEVOFLOXACIN ORAL SOLUTION, ORAL 500MG/20ML		1.20990	04/01/2017	
LEVOFLOXACIN ORAL TABLET 250 MG		0.14619	04/01/2017	
LEVOFLOXACIN ORAL TABLET 500 MG		0.06000	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
LEVOFLOXACIN ORAL TABLET 750 MG		0.16250	01/01/2019	
LEVOFLOXACIN/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 250MG/50ML		0.09166	04/01/2017	
LEVOFLOXACIN/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 500MG/0.1L		0.02228	01/01/2018	
LEVOFLOXACIN/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 750MG/.15L		0.01569	01/01/2018	
LEVOLEUCOVORIN CALCIUM INTRAVENOUS VIAL (EA) 50 MG		182.40000	04/01/2017	
LEVOLEUCOVORIN CALCIUM INTRAVENOUS VIAL (ML) 10 MG/ML		40.99428	04/01/2017	
LEVONORGESTREL ORAL TABLET 0.75 MG		16.31161	12/12/2011	
LEVONORGESTREL ORAL TABLET 1.5 MG		10.22000	07/01/2019	
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.1-0.02		0.21016	10/01/2017	
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.15-0.03		0.11607	04/01/2018	
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 6-5-10		0.33625	01/01/2019	
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 90-20 MCG		1.11074	04/01/2017	
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET, DOSE PACK, 3 MONTHS 0.15-0.03		0.09055	10/01/2019	
LEVONORGESTREL/ETHINYL ESTRADIOL AND ETHINYL ESTRADIOL ORAL TABLET, DOSE PACK, 3 MONTHS 100-20(84)		1.45038	04/01/2017	
LEVONORGESTREL/ETHINYL ESTRADIOL AND ETHINYL ESTRADIOL ORAL TABLET, DOSE PACK, 3 MONTHS 150-30(84)		0.95212	04/01/2017	
LEVORPHANOL TARTRATE ORAL TABLET 2 MG		1.60698	04/01/2017	
LEVOTHYROXINE SODIUM INTRAVENOUS VIAL (EA) 100 MCG		81.13000	04/01/2018	
LEVOTHYROXINE SODIUM INTRAVENOUS VIAL (EA) 200 MCG		211.16000	04/01/2017	
LEVOTHYROXINE SODIUM INTRAVENOUS VIAL (EA) 500 MCG		527.91000	04/01/2017	
LEVOTHYROXINE SODIUM ORAL TABLET 100 MCG		0.27778	07/01/2018	
LEVOTHYROXINE SODIUM ORAL TABLET 112 MCG		0.16300	01/01/2019	
LEVOTHYROXINE SODIUM ORAL TABLET 125 MCG		0.18956	01/01/2019	
LEVOTHYROXINE SODIUM ORAL TABLET 137 MCG		0.08281	10/01/2017	
LEVOTHYROXINE SODIUM ORAL TABLET 150 MCG		0.17244	01/01/2019	
LEVOTHYROXINE SODIUM ORAL TABLET 175MCG		0.23400	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
LEVOTHYROXINE SODIUM ORAL TABLET 200 MCG		0.13568	10/01/2017	
LEVOTHYROXINE SODIUM ORAL TABLET 25 MCG		0.13189	01/01/2019	
LEVOTHYROXINE SODIUM ORAL TABLET 300 MCG		0.39278	01/01/2019	
LEVOTHYROXINE SODIUM ORAL TABLET 50 MCG		0.20000	01/01/2019	
LEVOTHYROXINE SODIUM ORAL TABLET 75 MCG		0.24793	07/01/2018	
LEVOTHYROXINE SODIUM ORAL TABLET 88 MCG		0.14422	01/01/2019	
LIDOCAINE HCL IN DEXTROSE 5% IN WATER/PF INTRAVENOUS INTRAVENOUS SOLUTION 4 MG/ML		0.01052	04/01/2017	
LIDOCAINE HCL IN DEXTROSE 5% IN WATER/PF INTRAVENOUS INTRAVENOUS SOLUTION 8 MG/ML		0.02021	04/01/2017	
LIDOCAINE HCL IN DEXTROSE 7.5 % IN WATER/PF INTRATHECAL AMPUL (ML) 5 %		4.16880	04/01/2017	
LIDOCAINE HCL INJECTION VIAL (ML) 10 MG/ML		0.01749	10/01/2017	
LIDOCAINE HCL INJECTION VIAL (ML) 20 MG/ML		0.01990	10/01/2017	
LIDOCAINE HCL INJECTION VIAL (ML) 5 MG/ML		0.08320	04/01/2017	
LIDOCAINE HCL MUCOUS MEMBRANE JELLY (ML) 2 %		0.21667	04/01/2017	
LIDOCAINE HCL MUCOUS MEMBRANE JELLY WITH PREFILLED APPLICATOR (ML) 2 %		0.38600	04/01/2017	
LIDOCAINE HCL MUCOUS MEMBRANE SOLUTION, NON-ORAL 40 MG/ML		0.07698	04/01/2017	
LIDOCAINE HCL MUCOUS MEMBRANE SOLUTION, ORAL 2 %		0.01407	10/01/2017	
LIDOCAINE HCL TOPICAL CREAM (GRAM) 3 %		0.51777	01/01/2020	
LIDOCAINE HCL TOPICAL OINTMENT (GRAM) 5 %		0.75510	12/12/2011	
LIDOCAINE HCL TOPICAL SOLUTION, ORAL 4 %		0.07192	10/01/2017	
LIDOCAINE HCL/EPINEPHRINE INJECTION AMPUL (ML) 1.5-1:200K		0.88800	04/01/2017	
LIDOCAINE HCL/EPINEPHRINE INJECTION VIAL (ML) 0.5-1:200K		0.06923	04/01/2017	
LIDOCAINE HCL/EPINEPHRINE INJECTION VIAL (ML) 1%-1:100K		0.07130	04/01/2017	
LIDOCAINE HCL/EPINEPHRINE INJECTION VIAL (ML) 1.5-1:200K		0.27640	04/01/2017	
LIDOCAINE HCL/EPINEPHRINE INJECTION VIAL (ML) 2 %-1:100K		0.08900	04/01/2017	
LIDOCAINE HCL/EPINEPHRINE INJECTION VIAL (ML) 2%-1:200K		0.20650	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
LIDOCAINE HCL/HYALURONIC ACID/ALOE VERA/COLLAGEN TOPICAL GEL (GRAM) 2 %		0.31800	12/12/2011	
LIDOCAINE HCL/HYALURONIC ACID/ALOE VERA/COLLAGEN TOPICAL GEL (ML) 2 %		0.31800	12/12/2011	
LIDOCAINE HCL/HYDROCORTISONE ACETATE RECTAL CREAM WITH APPLICATOR 3 %-0.5 %		0.67733	04/01/2017	
LIDOCAINE HCL/HYDROCORTISONE ACETATE RECTAL KIT 3 %-0.5 %		132.20000	04/01/2017	
LIDOCAINE HCL/HYDROCORTISONE ACETATE RECTAL KIT 3%-1%(7 G)		14.07352	10/01/2017	
LIDOCAINE HCL/HYDROCORTISONE ACETATE TOPICAL CREAM (GRAM) 3 %-0.5 %		0.84656	01/01/2018	
LIDOCAINE HCL/PF INJECTION AMPUL (ML) 10 MG/ML		0.25018	04/01/2017	
LIDOCAINE HCL/PF INJECTION AMPUL (ML) 15 MG/ML		0.45450	04/01/2017	
LIDOCAINE HCL/PF INJECTION AMPUL (ML) 20 MG/ML		0.38100	04/01/2017	
LIDOCAINE HCL/PF INJECTION AMPUL (ML) 40 MG/ML		0.86600	04/01/2017	
LIDOCAINE HCL/PF INJECTION VIAL (ML) 10 MG/ML		0.08833	04/01/2017	
LIDOCAINE HCL/PF INJECTION VIAL (ML) 20 MG/ML		0.01990	10/01/2017	
LIDOCAINE HCL/PF INJECTION VIAL (ML) 5 MG/ML		0.07740	04/01/2017	
LIDOCAINE HCL/PF INTRAVENOUS SYRINGE (ML) 100 MG/5ML		0.48020	10/01/2017	
LIDOCAINE HCL/PF INTRAVENOUS SYRINGE (ML) 50 MG/5 ML		1.16200	04/01/2017	
LIDOCAINE HCL/PF INTRAVENOUS VIAL (ML) 20 MG/ML		0.54600	04/01/2017	
LIDOCAINE TOPICAL ADHESIVE PATCH, MEDICATED 5 %		2.21480	01/01/2020	
LIDOCAINE TOPICAL CREAM (GRAM) 4 %		0.89833	07/01/2019	
LIDOCAINE TOPICAL CREAM (GRAM) 5 %		1.31227	04/01/2017	
LIDOCAINE TOPICAL OINTMENT (GRAM) 5 %		0.26639	01/01/2020	
LIDOCAINE/ALOE VERA TOPICAL AEROSOL, SPRAY (GRAM) 0.5 %		0.02460	04/01/2017	
LIDOCAINE/ALOE VERA TOPICAL GEL (GRAM) 0.5 %		0.00939	04/01/2017	
LIDOCAINE/PRILOCAINE TOPICAL CREAM (GRAM) 2.5 %-2.5%		0.19392	01/01/2020	
LIDOCAINE/PRILOCAINE TOPICAL KIT 2.5 %-2.5%		0.26464	10/01/2017	
LIDOCAINE/TETRACAINE TOPICAL CREAM (GRAM) 7 %-7 %		8.15000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
LIDOCAINE/TRANSPARENT DRESSING TOPICAL KIT 4 %		25.00000	04/01/2017	
LINCOMYCIN HCL INJECTION VIAL (ML) 300 MG/ML		9.50220	04/01/2017	
LINDANE TOPICAL LOTION (ML) 1 %		1.58375	10/01/2014	
LINDANE TOPICAL SHAMPOO 1 %		1.67871	04/01/2017	
LINEZOLID IN 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 600MG/300		0.13363	01/01/2018	
LINEZOLID INTRAVENOUS INTRAVENOUS SOLUTION 600MG/300		0.12500	01/01/2018	
LINEZOLID ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 100 MG/5ML		4.37333	04/01/2017	
LINEZOLID ORAL TABLET 600 MG		1.97000	10/01/2019	
LIOTHYRONINE SODIUM INTRAVENOUS VIAL (ML) 10 MCG/ML		385.00000	04/01/2017	
LIOTHYRONINE SODIUM ORAL TABLET 25 MCG		0.41838	04/01/2017	
LIOTHYRONINE SODIUM ORAL TABLET 5 MCG		0.26980	07/01/2017	
LIOTHYRONINE SODIUM ORAL TABLET 50 MCG		0.41850	04/01/2017	
LISINOPRIL ORAL TABLET 10 MG		0.00397	10/01/2017	
LISINOPRIL ORAL TABLET 2.5 MG		0.01120	04/01/2017	
LISINOPRIL ORAL TABLET 20 MG		0.01793	07/01/2017	
LISINOPRIL ORAL TABLET 30 MG		0.03105	10/01/2017	
LISINOPRIL ORAL TABLET 40 MG		0.02210	10/01/2017	
LISINOPRIL ORAL TABLET 5 MG		0.00150	04/01/2017	
LISINOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG		0.02210	04/01/2017	
LISINOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 20 MG-25MG		0.02744	07/01/2017	
LISINOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG		0.02456	04/01/2017	
LITHIUM CARBONATE ORAL CAPSULE 150 MG		0.03850	07/01/2018	
LITHIUM CARBONATE ORAL CAPSULE 300 MG		0.02570	04/01/2017	
LITHIUM CARBONATE ORAL CAPSULE 600 MG		0.09700	04/01/2017	
LITHIUM CARBONATE ORAL TABLET 300 MG		0.10280	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
LITHIUM CARBONATE ORAL TABLET, EXTENDED RELEASE 300 MG		0.12020	04/01/2017	
LITHIUM CARBONATE ORAL TABLET, EXTENDED RELEASE 450 MG		0.10100	07/01/2019	
LITHIUM CITRATE ORAL SOLUTION, ORAL 8 MEQ/5 ML		0.03849	04/01/2017	
LITHIUM CITRATE ORAL SOLUTION, ORAL 8 MEQ/5 ML		0.24000	04/01/2017	
LOPERAMIDE HCL ORAL CAPSULE 2 MG		0.12693	10/01/2017	
LOPERAMIDE HCL ORAL LIQUID (ML) 1 MG/5 ML		0.01842	04/01/2017	
LOPERAMIDE HCL ORAL LIQUID (ML) 1MG/7.5ML		0.02479	04/01/2017	
LOPERAMIDE HCL ORAL TABLET 2 MG		0.06185	10/01/2017	
LOPINAVIR/RITONAVIR ORAL SOLUTION, ORAL 400-100/5		2.17588	01/01/2018	
LORATADINE ORAL SOLUTION, ORAL 5 MG/5 ML		0.03967	04/01/2017	
LORATADINE ORAL TABLET 10 MG		0.03367	01/01/2019	
LORATADINE ORAL TABLET,DISINTEGRATING 10 MG		0.31111	04/01/2017	
LORATADINE/PSEUDOEPHEDRINE SULFATE ORAL TABLET, EXTENDED RELEASE 12 HR 5 MG-120MG		0.42520	10/01/2017	
LORATADINE/PSEUDOEPHEDRINE SULFATE ORAL TABLET, EXTENDED RELEASE 24 HR 10MG-240MG		0.25000	01/01/2019	
LORAZEPAM INJECTION SYRINGE (ML) 2 MG/ML		0.80975	10/01/2017	
LORAZEPAM INJECTION SYRINGE (ML) 4 MG/ML		3.27000	04/01/2017	
LORAZEPAM INJECTION VIAL (ML) 2 MG/ML		0.46840	01/01/2020	
LORAZEPAM INJECTION VIAL (ML) 4 MG/ML		0.92200	04/01/2017	
LORAZEPAM ORAL CONCENTRATE, ORAL 2 MG/ML		0.26900	01/01/2020	
LORAZEPAM ORAL TABLET 0.5 MG		0.01560	04/01/2017	
LORAZEPAM ORAL TABLET 1 MG		0.01600	04/01/2017	
LORAZEPAM ORAL TABLET 2 MG		0.02595	07/01/2018	
LOSARTAN POTASSIUM ORAL TABLET 100 MG		0.03196	04/01/2017	
LOSARTAN POTASSIUM ORAL TABLET 25 MG		0.01344	01/01/2019	
LOSARTAN POTASSIUM ORAL TABLET 50 MG		0.01704	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 100-12.5MG		0.03040	07/01/2018	
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 100MG-25MG		0.03978	07/01/2018	
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 50-12.5 MG		0.02789	01/01/2019	
LOVASTATIN ORAL TABLET 10 MG		0.03882	04/01/2017	
LOVASTATIN ORAL TABLET 20 MG		0.03200	10/01/2017	
LOVASTATIN ORAL TABLET 40 MG		0.01901	01/01/2019	
LOXAPINE SUCCINATE ORAL CAPSULE 10 MG		0.25298	04/01/2017	
LOXAPINE SUCCINATE ORAL CAPSULE 25 MG		0.50941	04/01/2017	
LOXAPINE SUCCINATE ORAL CAPSULE 5 MG		0.27803	04/01/2017	
LOXAPINE SUCCINATE ORAL CAPSULE 50 MG		0.62000	10/01/2019	
MAGNESIUM AMINO ACID CHELATE ORAL TABLET 27 MG		0.09043	12/12/2011	
MAGNESIUM CARBONATE/ALUMINUM HYDROXIDE ORAL TABLET, CHEWABLE 105-160MG		0.03208	04/01/2017	
MAGNESIUM CARBONATE/ALUMINUM HYDROXIDE/ALGINIC ACID ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 358-95/15		0.01163	04/01/2017	
MAGNESIUM CHLORIDE INJECTION VIAL (ML) 200 MG/ML		0.30580	04/01/2017	
MAGNESIUM CHLORIDE ORAL TABLET, EXTENDED RELEASE 64 MG		0.12358	12/12/2011	
MAGNESIUM CITRATE ORAL SOLUTION, ORAL		0.00371	10/01/2017	
MAGNESIUM GLUCONATE ORAL TABLET 27 MG(500)		0.09043	12/12/2011	
MAGNESIUM HYDROXIDE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 2400 MG/10		0.01812	04/01/2017	
MAGNESIUM HYDROXIDE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 400 MG/5ML		0.00549	04/01/2017	
MAGNESIUM HYDROXIDE/ALUMINUM HYDROXIDE/SIMETHICONE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 200-200-20		0.00410	10/01/2017	
MAGNESIUM HYDROXIDE/ALUMINUM HYDROXIDE/SIMETHICONE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 400-400-40		0.00777	04/01/2017	
MAGNESIUM HYDROXIDE/ALUMINUM HYDROXIDE/SIMETHICONE ORAL TABLET, CHEWABLE 200-200-25		0.02968	04/01/2017	
MAGNESIUM OXIDE ORAL TABLET 400 MG		0.01363	10/01/2017	
MAGNESIUM OXIDE ORAL TABLET 420 MG		0.04050	04/01/2017	
MAGNESIUM SALICYLATE ORAL TABLET 580(467)MG		0.05750	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MAGNESIUM SULFATE IN STERILE WATER INTRAVENOUS INTRAVENOUS SOLUTION 20 G/500ML		0.01120	04/01/2017	
MAGNESIUM SULFATE IN STERILE WATER INTRAVENOUS INTRAVENOUS SOLUTION 40G/1000ML		0.00830	04/01/2017	
MAGNESIUM SULFATE IN STERILE WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 2 G/50 ML		0.29160	04/01/2017	
MAGNESIUM SULFATE IN STERILE WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 4 G/100 ML		0.07230	04/01/2017	
MAGNESIUM SULFATE IN STERILE WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 4 G/50 ML		0.14740	04/01/2017	
MAGNESIUM SULFATE INJECTION SYRINGE (ML) 4 MEQ/ML		0.02975	10/01/2017	
MAGNESIUM SULFATE INJECTION VIAL (ML) 4 MEQ/ML		0.02975	10/01/2017	
MAGNESIUM SULFATE MISCELLANEOUS CRYSTALS 100 %		0.00282	04/01/2017	
MAGNESIUM SULFATE ORAL GRANULES (GRAM) 495 MG/5 G		0.00312	04/01/2017	
MAGNESIUM SULFATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 1 G/100 ML		0.07400	04/01/2017	
MALATHION TOPICAL LOTION (ML) 0.5 %		1.71017	10/01/2017	
MANGANESE CHLORIDE INTRAVENOUS VIAL (ML) 0.1 MG/ML		0.03788	10/01/2017	
MANGANESE SULFATE INTRAVENOUS VIAL (ML) 0.1 MG/ML		2.55200	04/01/2017	
MANNITOL INTRAVENOUS INTRAVENOUS SOLUTION 20 %		0.03322	04/01/2017	
MANNITOL INTRAVENOUS VIAL (ML) 25 %		0.04000	04/01/2017	
MANNITOL/SORBITOL SOLUTION URETHRAL SOLUTION, IRRIGATION 0.54G-2.7G		0.00458	04/01/2017	
MAPROTILINE HCL ORAL TABLET 25 MG		0.18531	10/01/2017	
MAPROTILINE HCL ORAL TABLET 50 MG		0.50250	10/01/2017	
MAPROTILINE HCL ORAL TABLET 75 MG		0.35492	10/01/2017	
MEBENDAZOLE ORAL TABLET, CHEWABLE 100 MG		2.82398	10/01/2017	
MECAMYLAMINE HCL ORAL TABLET 2.5 MG		63.20000	04/01/2017	
MECLIZINE HCL ORAL TABLET 12.5 MG		0.03507	10/01/2017	
MECLIZINE HCL ORAL TABLET 25 MG		0.00843	07/01/2018	
MECLIZINE HCL ORAL TABLET, CHEWABLE 25 MG		0.03190	04/01/2017	
MECLOFENAMATE SODIUM ORAL CAPSULE 100 MG		0.78591	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MECLOFENAMATE SODIUM ORAL CAPSULE 50 MG		0.15276	10/01/2017	
MECOBALAMIN/LEVOMEFOLATE CALCIUM/PYRIDOXAL PHOSPHATE ORAL TABLET 2-3-35 MG		1.54001	07/01/2016	
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SYRINGE (ML) 150 MG/ML		45.89400	01/01/2020	
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR VIAL (ML) 150 MG/ML		37.56000	01/01/2020	
MEDROXYPROGESTERONE ACETATE ORAL TABLET 10 MG		0.05095	10/01/2017	
MEDROXYPROGESTERONE ACETATE ORAL TABLET 2.5 MG		0.04121	10/01/2017	
MEDROXYPROGESTERONE ACETATE ORAL TABLET 5 MG		0.11370	07/01/2017	
MEFENAMIC ACID ORAL CAPSULE 250 MG		6.03867	10/01/2018	
MEFLOQUINE HCL ORAL TABLET 250 MG		3.34000	07/01/2019	
MEGESTROL ACETATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 400MG/10ML		0.05906	04/01/2017	
MEGESTROL ACETATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 400MG/10ML		0.30315	04/01/2017	
MEGESTROL ACETATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 625MG/5ML		3.31870	04/01/2017	
MEGESTROL ACETATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 800MG/20ML		0.34791	04/01/2017	
MEGESTROL ACETATE ORAL TABLET 20 MG		0.11536	04/01/2017	
MEGESTROL ACETATE ORAL TABLET 40 MG		0.10500	10/01/2019	
MELATONIN ORAL TABLET 3 MG		0.12828	12/12/2011	
MELOXICAM ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 7.5 MG/5ML		0.90027	04/01/2017	
MELOXICAM ORAL TABLET 15 MG		0.01804	07/01/2017	
MELOXICAM ORAL TABLET 7.5 MG		0.00386	01/01/2019	
MELPHALAN HCL INTRAVENOUS VIAL (EA) 50 MG		1643.10000	04/01/2017	
MEMANTINE HCL ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 14 MG		1.59156	01/01/2020	
MEMANTINE HCL ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 21 MG		2.50450	10/01/2019	
MEMANTINE HCL ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 28 MG		1.56100	01/01/2019	
MEMANTINE HCL ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 7 MG		1.63966	01/01/2020	
MEMANTINE HCL ORAL SOLUTION, ORAL 2 MG/ML		1.16022	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MEMANTINE HCL ORAL TABLET 10 MG		0.04000	10/01/2017	
MEMANTINE HCL ORAL TABLET 5 MG		0.07167	01/01/2019	
MEMANTINE HCL ORAL TABLET, DOSE PACK 5 MG-10 MG		0.41418	04/01/2017	
MENTHOL TOPICAL GEL (GRAM)		0.01123	04/01/2017	
MENTHOL TOPICAL GEL (GRAM) 2 %		0.03980	04/01/2017	
MENTHOL/CAMPHOR TOPICAL LOTION (ML) 0.5 %-0.5%		0.01340	04/01/2017	
MEPERIDINE HCL INJECTION CARTRIDGE (ML) 10 MG/ML		0.27800	04/01/2017	
MEPERIDINE HCL ORAL SOLUTION, ORAL 50 MG/5 ML		0.17986	04/01/2017	
MEPERIDINE HCL ORAL TABLET 100 MG		0.29070	04/01/2017	
MEPERIDINE HCL ORAL TABLET 50 MG		0.17780	10/01/2017	
MEPERIDINE HCL/PF INJECTION VIAL (ML) 100 MG/ML		1.37000	04/01/2017	
MEPERIDINE HCL/PF INJECTION VIAL (ML) 25 MG/ML		1.20000	04/01/2017	
MEPERIDINE HCL/PF INJECTION VIAL (ML) 50 MG/ML		0.41669	10/01/2017	
MEPIVACAINE HCL INJECTION VIAL (ML) 10 MG/ML		0.19100	04/01/2017	
MEPIVACAINE HCL INJECTION VIAL (ML) 20 MG/ML		0.19640	04/01/2017	
MEPIVACAINE HCL/PF INJECTION VIAL (ML) 10 MG/ML		0.22666	04/01/2017	
MEPIVACAINE HCL/PF INJECTION VIAL (ML) 15 MG/ML		0.30733	04/01/2017	
MEPIVACAINE HCL/PF INJECTION VIAL (ML) 20 MG/ML		0.37750	04/01/2017	
MEPROBAMATE ORAL TABLET 200 MG		0.77416	10/01/2017	
MEPROBAMATE ORAL TABLET 400 MG		1.96323	04/01/2017	
MERCAPTOPYRINE ORAL TABLET 50 MG		0.70575	10/01/2017	
MEROPENEM IN 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 1 G/50 ML		22.00000	04/01/2017	
MEROPENEM IN 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (EA) 500MG/50ML		16.28000	04/01/2017	
MEROPENEM INTRAVENOUS VIAL (EA) 1 G		9.44800	10/01/2018	
MEROPENEM INTRAVENOUS VIAL (EA) 500 MG		4.50000	01/01/2018	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MESALAMINE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 1.2 G		2.59523	01/01/2020	
MESALAMINE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 800 MG		4.25000	01/01/2020	
MESALAMINE RECTAL ENEMA (ML) 4 G/60 ML		0.09332	10/01/2017	
MESALAMINE RECTAL SUPPOSITORY, RECTAL 1000 MG		14.25967	01/01/2020	
MESALAMINE WITH CLEANSING WIPES RECTAL ENEMA KIT 4 G/60 ML		110.04250	04/01/2017	
MESNA INTRAVENOUS VIAL (ML) 100 MG/ML		1.20000	04/01/2017	
METAPROTERENOL SULFATE ORAL SYRUP 10 MG/5 ML		0.04531	10/01/2017	
METAPROTERENOL SULFATE ORAL TABLET 10 MG		0.57980	10/01/2017	
METAPROTERENOL SULFATE ORAL TABLET 20 MG		0.97500	04/01/2017	
METAXALONE ORAL TABLET 400 MG		4.76414	04/01/2017	
METAXALONE ORAL TABLET 800 MG		0.50980	01/01/2020	
METFORMIN HCL ORAL TABLET 1000 MG		0.02197	04/01/2017	
METFORMIN HCL ORAL TABLET 500 MG		0.01076	04/01/2017	
METFORMIN HCL ORAL TABLET 850 MG		0.01999	04/01/2017	
METFORMIN HCL ORAL TABLET, ER GASTRIC RETENTION 24 HR 1000 MG		21.49589	07/01/2018	
METFORMIN HCL ORAL TABLET, ER GASTRIC RETENTION 24 HR 500 MG		8.20000	07/01/2019	
METFORMIN HCL ORAL TABLET, EXTENDED RELEASE 24 HR 1000 MG		3.67350	01/01/2020	
METFORMIN HCL ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG		3.33250	07/01/2018	
METFORMIN HCL ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG		0.02292	04/01/2017	
METFORMIN HCL ORAL TABLET, EXTENDED RELEASE 24 HR 750 MG		0.05630	04/01/2017	
METHADONE HCL INJECTION VIAL (ML) 10 MG/ML		19.44900	04/01/2017	
METHADONE HCL ORAL CONCENTRATE, ORAL 10 MG/ML		0.05458	10/01/2017	
METHADONE HCL ORAL SOLUTION, ORAL 10 MG/5 ML		0.09076	10/01/2017	
METHADONE HCL ORAL SOLUTION, ORAL 5 MG/5 ML		0.06551	04/01/2017	
METHADONE HCL ORAL TABLET 10 MG		0.08750	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
METHADONE HCL ORAL TABLET 5 MG		0.15920	04/01/2017	
METHADONE HCL ORAL TABLET, SOLUBLE 40 MG		0.24800	04/01/2017	
METHAMPHETAMINE HCL ORAL TABLET 5 MG		2.89651	10/01/2017	
METHAZOLAMIDE ORAL TABLET 25 MG		0.24352	10/01/2017	
METHAZOLAMIDE ORAL TABLET 50 MG		5.26600	04/01/2019	
METHENAMINE HIPPURATE ORAL TABLET 1 G		0.64390	01/01/2019	
METHENAMINE MANDELATE ORAL TABLET 1 G		1.05580	04/01/2017	
METHENAMINE MANDELATE ORAL TABLET 500 MG		0.16327	10/01/2017	
METHENAMINE/METHYLENE BLUE/SALICYLATE/SODIUM PHOS/HYOSCYAMIN ORAL TABLET 120-0.12MG		3.99990	04/01/2017	
METHENAMINE/METHYLENE BLUE/SOD PHOS/P.SALICYLATE/HYOSCYAMINE ORAL CAPSULE 118-10-36		2.58650	04/01/2017	
METHENAMINE/METHYLENE BLUE/SOD PHOS/P.SALICYLATE/HYOSCYAMINE ORAL TABLET 81-0.12MG		4.75033	04/01/2017	
METHENAMINE/METHYLENE BLUE/SOD PHOS/P.SALICYLATE/HYOSCYAMINE ORAL TABLET 81.6-10.8		0.40000	04/01/2017	
METHENAMINE/SOD PHOSPH,MONOBASIC/METHYLENE BLUE/HYOSCYAMINE ORAL TABLET 81.6-.12MG		2.49990	04/01/2017	
METHIMAZOLE ORAL TABLET 10 MG		0.06500	04/01/2017	
METHIMAZOLE ORAL TABLET 5 MG		0.05126	10/01/2017	
METHOCARBAMOL INJECTION VIAL (ML) 100 MG/ML		5.70880	04/01/2017	
METHOCARBAMOL ORAL TABLET 500 MG		0.03398	07/01/2018	
METHOCARBAMOL ORAL TABLET 750 MG		0.06520	04/01/2017	
METHOTREXATE SODIUM INJECTION VIAL (ML) 25 MG/ML		1.62509	10/01/2017	
METHOTREXATE SODIUM ORAL TABLET 2.5 MG		0.22710	01/01/2019	
METHOTREXATE SODIUM/PF INJECTION VIAL (EA) 1 G		63.60000	04/01/2017	
METHOTREXATE SODIUM/PF INJECTION VIAL (ML) 25 MG/ML		0.86700	04/01/2019	
METHOXSALEN ORAL CAPSULE, LIQUID-FILLED, RAPID RELEASE 10 MG		66.75840	04/01/2017	
METHSCOPOLAMINE BROMIDE ORAL TABLET 2.5 MG		0.31450	10/01/2018	
METHSCOPOLAMINE BROMIDE ORAL TABLET 5 MG		2.00133	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
METHYCLOTHIAZIDE ORAL TABLET 5 MG		0.24738	10/01/2017	
METHYL SALICYLATE/MENTHOL TOPICAL CREAM (GRAM) 15 %-1 %		0.05105	04/01/2017	
METHYL SALICYLATE/MENTHOL TOPICAL CREAM (GRAM) 15%-10%		0.02259	04/01/2017	
METHYL SALICYLATE/MENTHOL TOPICAL OINTMENT (GRAM) 29 %-7.6 %		0.02852	04/01/2017	
METHYL SALICYLATE/MENTHOL/CAMPBOR TOPICAL CREAM (GRAM) 30%-10%-4%		0.03323	12/12/2011	
METHYLCELLULOSE (WITH SUGAR) ORAL POWDER (GRAM)		0.01528	12/12/2011	
METHYLCELLULOSE ORAL TABLET 500 MG		0.05421	04/01/2017	
METHYLDOPA ORAL TABLET 250 MG		0.06990	04/01/2018	
METHYLDOPA ORAL TABLET 500 MG		0.14670	07/01/2017	
METHYLDOPA/HYDROCHLOROTHIAZIDE ORAL TABLET 250MG-15MG		0.32956	10/01/2017	
METHYLDOPA/HYDROCHLOROTHIAZIDE ORAL TABLET 250MG-25MG		0.12130	10/01/2017	
METHYLERGONOVINE MALEATE INJECTION AMPUL (ML) .2MG/ML(1)		4.70000	04/01/2017	
METHYLERGONOVINE MALEATE INJECTION VIAL (ML) .2MG/ML(1)		24.70000	04/01/2017	
METHYLERGONOVINE MALEATE ORAL TABLET 0.2 MG		21.81402	04/01/2017	
METHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 30-70 10 MG		2.33720	04/01/2019	
METHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 30-70 20 MG		2.67755	04/01/2017	
METHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 30-70 30 MG		2.51770	10/01/2017	
METHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 30-70 40 MG		3.42960	04/01/2017	
METHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 30-70 50 MG		4.99953	04/01/2017	
METHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 30-70 60 MG		4.98909	04/01/2017	
METHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 10 MG		7.96140	01/01/2019	
METHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 20 MG		3.50883	04/01/2017	
METHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 30 MG		3.67445	04/01/2017	
METHYLPHENIDATE HCL ORAL CAPSULE,EXTENDED RELEASE BIPHASIC 50-50 40 MG		4.21424	04/01/2017	
METHYLPHENIDATE HCL ORAL SOLUTION, ORAL 10 MG/5 ML		0.63136	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
METHYLPHENIDATE HCL ORAL SOLUTION, ORAL 5 MG/5 ML		0.55068	04/01/2017	
METHYLPHENIDATE HCL ORAL TABLET 10 MG		0.22460	07/01/2018	
METHYLPHENIDATE HCL ORAL TABLET 20 MG		0.22400	07/01/2018	
METHYLPHENIDATE HCL ORAL TABLET 5 MG		0.17340	10/01/2018	
METHYLPHENIDATE HCL ORAL TABLET, CHEWABLE 10 MG		4.52740	04/01/2017	
METHYLPHENIDATE HCL ORAL TABLET, CHEWABLE 2.5 MG		2.27610	04/01/2017	
METHYLPHENIDATE HCL ORAL TABLET, CHEWABLE 5 MG		3.26022	04/01/2017	
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 10 MG		0.52570	10/01/2017	
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 20 MG		0.39255	10/01/2017	
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 18 MG		4.56290	01/01/2020	
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 27 MG		3.16700	07/01/2018	
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 36 MG		3.94770	07/01/2019	
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 54 MG		4.40970	01/01/2020	
METHYLPREDNISOLONE ACETATE INJECTION VIAL (ML) 40 MG/ML		6.24000	04/01/2017	
METHYLPREDNISOLONE ACETATE INJECTION VIAL (ML) 80 MG/ML		5.93600	04/01/2017	
METHYLPREDNISOLONE ORAL TABLET 16 MG		1.95015	04/01/2017	
METHYLPREDNISOLONE ORAL TABLET 32 MG		3.70000	04/01/2017	
METHYLPREDNISOLONE ORAL TABLET 4 MG		0.21647	07/01/2019	
METHYLPREDNISOLONE ORAL TABLET 8 MG		1.09220	01/01/2020	
METHYLPREDNISOLONE ORAL TABLET, DOSE PACK 4 MG		0.10286	01/01/2019	
METHYLPREDNISOLONE SODIUM SUCCINATE INJECTION VIAL (EA) 125 MG		11.65000	04/01/2017	
METHYLPREDNISOLONE SODIUM SUCCINATE INJECTION VIAL (EA) 40 MG		1.81905	10/01/2017	
METHYLPREDNISOLONE SODIUM SUCCINATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 40 MG/ML		2.71500	12/12/2011	
METHYLPREDNISOLONE SODIUM SUCCINATE INTRAVENOUS VIAL (EA) 1000 MG		12.95445	10/01/2017	
METHYLTESTOSTERONE ORAL CAPSULE 10 MG		67.11550	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
METIPRANOLOL OPHTHALMIC DROPS 0.3 %		2.71154	12/12/2011	
METOCLOPRAMIDE HCL INJECTION SYRINGE (ML) 10 MG/2 ML		1.11000	04/01/2017	
METOCLOPRAMIDE HCL INJECTION VIAL (ML) 5 MG/ML		0.50029	04/01/2017	
METOCLOPRAMIDE HCL ORAL DISPOSABLE SYRINGE (EA) 0.9MG/0.9		0.01585	12/12/2011	
METOCLOPRAMIDE HCL ORAL SOLUTION, ORAL 10 MG/10ML		0.05375	04/01/2017	
METOCLOPRAMIDE HCL ORAL SOLUTION, ORAL 5 MG/5 ML		0.01008	04/01/2017	
METOCLOPRAMIDE HCL ORAL TABLET 10 MG		0.01950	01/01/2019	
METOCLOPRAMIDE HCL ORAL TABLET 5 MG		0.03308	07/01/2017	
METOCLOPRAMIDE HCL ORAL TABLET,DISINTEGRATING 5 MG		7.48000	04/01/2017	
METOLAZONE ORAL TABLET 10 MG		0.51380	10/01/2017	
METOLAZONE ORAL TABLET 2.5 MG		0.81000	07/01/2018	
METOLAZONE ORAL TABLET 5 MG	0.49040	0.68220	12/13/2019	
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG		0.11660	01/01/2019	
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 200 MG		0.32170	01/01/2019	
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 25 MG		0.06650	01/01/2019	
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 50 MG		0.06950	01/01/2019	
METOPROLOL TARTRATE INTRAVENOUS AMPUL (ML) 5 MG/5 ML		0.39600	04/01/2017	
METOPROLOL TARTRATE INTRAVENOUS SYRINGE (ML) 5 MG/5 ML		1.15600	04/01/2017	
METOPROLOL TARTRATE INTRAVENOUS VIAL (ML) 5 MG/5 ML		0.15200	04/01/2017	
METOPROLOL TARTRATE ORAL TABLET 100 MG		0.02310	04/01/2017	
METOPROLOL TARTRATE ORAL TABLET 25 MG		0.01309	04/01/2017	
METOPROLOL TARTRATE ORAL TABLET 37.5 MG		0.07920	04/01/2017	
METOPROLOL TARTRATE ORAL TABLET 50 MG		0.01903	04/01/2017	
METOPROLOL TARTRATE ORAL TABLET 75 MG		0.17228	04/01/2017	
METOPROLOL TARTRATE/HYDROCHLOROTHIAZIDE ORAL TABLET 100MG-25MG		0.84850	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
METOPROLOL TARTRATE/HYDROCHLOROTHIAZIDE ORAL TABLET 100MG-50MG		1.21373	10/01/2017	
METOPROLOL TARTRATE/HYDROCHLOROTHIAZIDE ORAL TABLET 50 MG-25MG		0.54060	07/01/2018	
METRONIDAZOLE BENZOATE MISCELLANEOUS POWDER (GRAM)		0.86987	10/01/2017	
METRONIDAZOLE IN SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 500MG/0.1L		0.01195	10/01/2017	
METRONIDAZOLE ORAL CAPSULE 375 MG		1.81674	10/01/2017	
METRONIDAZOLE ORAL TABLET 250 MG		0.07480	10/01/2019	
METRONIDAZOLE ORAL TABLET 500 MG		0.04450	01/01/2019	
METRONIDAZOLE TOPICAL CREAM (GRAM) 0.75 %		1.15467	01/01/2020	
METRONIDAZOLE TOPICAL GEL (GRAM) 0.75 %		0.32294	10/01/2017	
METRONIDAZOLE TOPICAL GEL (GRAM) 1 %		2.84807	04/01/2017	
METRONIDAZOLE TOPICAL GEL WITH PUMP (GRAM) 1 %		2.53748	04/01/2017	
METRONIDAZOLE TOPICAL LOTION (ML) 0.75 %		1.27119	01/01/2020	
METRONIDAZOLE VAGINAL GEL WITH APPLICATOR (GRAM) 0.75 %		0.34226	07/01/2019	
MEXILETINE HCL ORAL CAPSULE 150 MG		0.18552	10/01/2017	
MEXILETINE HCL ORAL CAPSULE 200 MG		0.20487	10/01/2017	
MEXILETINE HCL ORAL CAPSULE 250 MG		0.25898	10/01/2017	
MICONAZOLE NITRATE TOPICAL AEROSOL, POWDER (GRAM) 2 %		0.01330	10/01/2017	
MICONAZOLE NITRATE TOPICAL CREAM (GRAM) 2 %		0.07015	04/01/2017	
MICONAZOLE NITRATE TOPICAL OINTMENT (GRAM) 2 %		0.07388	04/01/2017	
MICONAZOLE NITRATE TOPICAL POWDER (GRAM) 2 %		0.03044	10/01/2017	
MICONAZOLE NITRATE VAGINAL CREAM WITH APPLICATOR 2 %		0.10598	04/01/2017	
MICONAZOLE NITRATE VAGINAL CREAM WITH APPLICATOR 4 %		0.23960	04/01/2017	
MICONAZOLE NITRATE VAGINAL KIT 1200MG-2%		17.24000	04/01/2017	
MICONAZOLE NITRATE VAGINAL KIT 200 MG-2 %		7.86000	04/01/2017	
MICONAZOLE NITRATE VAGINAL SUPPOSITORY, VAGINAL 100 MG		0.64024	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MICONAZOLE NITRATE VAGINAL SUPPOSITORY, VAGINAL 200 MG		12.13000	04/01/2018	
MIDAZOLAM HCL INJECTION DISPOSABLE SYRINGE (ML) 1 MG/ML		0.29250	12/12/2011	
MIDAZOLAM HCL INJECTION VIAL (ML) 10 MG/10ML		0.17100	04/01/2017	
MIDAZOLAM HCL INJECTION VIAL (ML) 10 MG/2 ML		0.62500	04/01/2017	
MIDAZOLAM HCL INJECTION VIAL (ML) 2 MG/2 ML		0.31512	04/01/2017	
MIDAZOLAM HCL INJECTION VIAL (ML) 5 MG/5 ML		0.27800	04/01/2017	
MIDAZOLAM HCL INJECTION VIAL (ML) 5 MG/ML		0.68340	10/01/2017	
MIDAZOLAM HCL INJECTION VIAL (ML) 5 MG/ML(1)		0.91930	04/01/2017	
MIDAZOLAM HCL ORAL SYRUP 10 MG/5 ML		0.55360	10/01/2017	
MIDAZOLAM HCL ORAL SYRUP 2 MG/ML		0.32771	04/01/2017	
MIDAZOLAM HCL ORAL SYRUP 5 MG/2.5ML		2.10800	04/01/2017	
MIDAZOLAM HCL/PF INJECTION CARTRIDGE (ML) 2 MG/2 ML		0.73000	04/01/2017	
MIDAZOLAM HCL/PF INJECTION CARTRIDGE (ML) 5 MG/ML		2.51000	04/01/2017	
MIDAZOLAM HCL/PF INJECTION SYRINGE (ML) 10 MG/2 ML		1.10000	04/01/2017	
MIDAZOLAM HCL/PF INJECTION SYRINGE (ML) 2 MG/2 ML		0.19598	10/01/2017	
MIDAZOLAM HCL/PF INJECTION SYRINGE (ML) 5 MG/ML		0.68340	10/01/2017	
MIDAZOLAM HCL/PF INJECTION VIAL (ML) 10 MG/2 ML		0.48500	04/01/2017	
MIDAZOLAM HCL/PF INJECTION VIAL (ML) 2 MG/2 ML		0.23500	04/01/2017	
MIDAZOLAM HCL/PF INJECTION VIAL (ML) 5 MG/5 ML		0.16200	04/01/2017	
MIDAZOLAM HCL/PF INJECTION VIAL (ML) 5 MG/ML(1)		1.03920	04/01/2017	
MIDODRINE HCL ORAL TABLET 10 MG		0.53280	04/01/2018	
MIDODRINE HCL ORAL TABLET 2.5 MG		0.16000	10/01/2018	
MIDODRINE HCL ORAL TABLET 5 MG		0.25900	07/01/2018	
MIGLITOL ORAL TABLET 100 MG		2.23270	04/01/2017	
MIGLITOL ORAL TABLET 25 MG		1.72110	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MIGLITOL ORAL TABLET 50 MG		1.89250	04/01/2017	
MILRINONE LACTATE INTRAVENOUS VIAL (ML) 1 MG/ML		0.29545	10/01/2017	
MILRINONE LACTATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 20MG/100ML		0.12080	04/01/2017	
MILRINONE LACTATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 40MG/200ML		0.13125	04/01/2017	
MINERAL OIL MISCELLANEOUS OIL (ML)		0.01182	10/01/2017	
MINERAL OIL ORAL OIL (ML)		0.00596	10/01/2017	
MINERAL OIL RECTAL ENEMA (ML)		0.01190	12/12/2011	
MINERAL OIL/ISOPROPYL MYRISTATE/WATER TOPICAL LOTION (ML)		0.02238	12/12/2011	
MINERAL OIL/PETROLATUM, HYDROPHILIC TOPICAL OINTMENT (GRAM)		0.05288	12/12/2011	
MINERAL OIL/PETROLATUM, WHITE OPHTHALMIC OINTMENT (GRAM) 15 %-83 %		0.63759	04/01/2017	
MINERAL OIL/PETROLATUM, WHITE OPHTHALMIC OINTMENT (GRAM) 15%-85%		0.63759	04/01/2017	
MINERAL OIL/PETROLATUM, WHITE OPHTHALMIC OINTMENT (GRAM) 42.5-57.3%		0.63759	04/01/2017	
MINERAL OIL/PETROLATUM, WHITE TOPICAL CREAM (GRAM)		0.01385	12/12/2011	
MINERAL OIL/PETROLATUM, WHITE/WATER TOPICAL LOTION (ML)		0.02238	12/12/2011	
MINOCYCLINE HCL ORAL CAPSULE 100 MG		0.22560	01/01/2019	
MINOCYCLINE HCL ORAL CAPSULE 50 MG		0.15370	04/01/2017	
MINOCYCLINE HCL ORAL CAPSULE 75 MG		0.28083	04/01/2017	
MINOCYCLINE HCL ORAL TABLET 100 MG		1.50750	10/01/2017	
MINOCYCLINE HCL ORAL TABLET 50 MG		0.93606	10/01/2017	
MINOCYCLINE HCL ORAL TABLET 75 MG		0.25898	10/01/2017	
MINOCYCLINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 135 MG		7.38700	04/01/2017	
MINOCYCLINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 45 MG		7.38700	04/01/2017	
MINOCYCLINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 65 MG		5.99833	01/01/2020	
MINOCYCLINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 90 MG		5.25856	04/01/2017	
MINOXIDIL ORAL TABLET 10 MG		0.12250	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MINOXIDIL ORAL TABLET 2.5 MG		0.01538	10/01/2017	
MINOXIDIL TOPICAL SOLUTION, NON-ORAL 2 %		0.09397	04/01/2017	
MINOXIDIL TOPICAL SOLUTION, NON-ORAL 5 %		0.13546	04/01/2017	
MIRTAZAPINE ORAL TABLET 15 MG		0.04000	01/01/2019	
MIRTAZAPINE ORAL TABLET 30 MG		0.06333	07/01/2017	
MIRTAZAPINE ORAL TABLET 45 MG		0.09967	10/01/2017	
MIRTAZAPINE ORAL TABLET 7.5 MG		0.73400	01/01/2019	
MIRTAZAPINE ORAL TABLET,DISINTEGRATING 15 MG		0.47533	01/01/2018	
MIRTAZAPINE ORAL TABLET,DISINTEGRATING 30 MG		0.55833	10/01/2018	
MIRTAZAPINE ORAL TABLET,DISINTEGRATING 45 MG		0.65380	04/01/2017	
MISOPROSTOL ORAL TABLET 100 MCG		0.34203	04/01/2017	
MISOPROSTOL ORAL TABLET 200 MCG		0.32632	10/01/2017	
MITOMYCIN INTRAVENOUS VIAL (EA) 20 MG		631.98000	04/01/2017	
MITOMYCIN INTRAVENOUS VIAL (EA) 40 MG		1263.96000	04/01/2017	
MITOMYCIN INTRAVENOUS VIAL (EA) 5 MG		243.27000	04/01/2017	
MITOXANTRONE HCL INTRAVENOUS VIAL (ML) 2 MG/ML		13.12480	04/01/2017	
MODAFINIL ORAL TABLET 100 MG		1.58967	01/01/2019	
MODAFINIL ORAL TABLET 200 MG		0.35717	01/01/2020	
MOEXIPRIL HCL ORAL TABLET 15 MG		0.24537	10/01/2017	
MOEXIPRIL HCL ORAL TABLET 7.5 MG		0.26780	04/01/2018	
MOEXIPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 15-12.5MG		0.36685	10/01/2017	
MOEXIPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 15-25MG		0.32874	10/01/2017	
MOEXIPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 7.5-12.5MG		0.36252	04/01/2017	
MOLINDONE HCL ORAL TABLET 10 MG		1.83460	04/01/2017	
MOLINDONE HCL ORAL TABLET 25 MG		2.15480	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MOLINDONE HCL ORAL TABLET 5 MG		1.27600	04/01/2017	
MOMETASONE FUROATE NASAL AEROSOL, SPRAY WITH PUMP (GRAM) 50 MCG		1.66529	01/01/2019	
MOMETASONE FUROATE TOPICAL CREAM (GRAM) 0.1 %		0.15556	04/01/2017	
MOMETASONE FUROATE TOPICAL OINTMENT (GRAM) 0.1 %		0.13022	07/01/2018	
MOMETASONE FUROATE TOPICAL SOLUTION, NON-ORAL 0.1 %		0.14992	10/01/2017	
MONTELUKAST SODIUM ORAL GRANULES IN PACKET (EA) 4 MG		1.78811	04/01/2019	
MONTELUKAST SODIUM ORAL TABLET 10 MG		0.03278	07/01/2018	
MONTELUKAST SODIUM ORAL TABLET,CHEWABLE 4 MG		0.08749	10/01/2019	
MONTELUKAST SODIUM ORAL TABLET,CHEWABLE 5 MG		0.04422	01/01/2019	
MORPHINE SULFATE INJECTION AMPUL (ML) 10 MG/ML		0.96000	12/12/2011	
MORPHINE SULFATE INJECTION SYRINGE (ML) 10 MG/ML		0.64320	10/01/2017	
MORPHINE SULFATE INJECTION SYRINGE (ML) 2 MG/ML		2.19000	04/01/2017	
MORPHINE SULFATE INJECTION SYRINGE (ML) 4 MG/ML		2.19000	04/01/2017	
MORPHINE SULFATE INJECTION SYRINGE (ML) 5 MG/ML		2.19000	04/01/2017	
MORPHINE SULFATE INJECTION SYRINGE (ML) 8 MG/ML		2.19000	04/01/2017	
MORPHINE SULFATE INJECTION VIAL (ML) 15 MG/ML		1.04000	04/01/2017	
MORPHINE SULFATE INJECTION VIAL (ML) 8 MG/ML		1.12000	04/01/2017	
MORPHINE SULFATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/ML		0.96000	12/12/2011	
MORPHINE SULFATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 50 MG/ML		0.55380	12/12/2011	
MORPHINE SULFATE INTRAVENOUS CARTRIDGE (ML) 10 MG/ML		1.82538	04/01/2017	
MORPHINE SULFATE INTRAVENOUS CARTRIDGE (ML) 2 MG/ML		1.88000	04/01/2017	
MORPHINE SULFATE INTRAVENOUS CARTRIDGE (ML) 4 MG/ML		1.88000	04/01/2017	
MORPHINE SULFATE INTRAVENOUS CARTRIDGE (ML) 8 MG/ML		1.88000	04/01/2017	
MORPHINE SULFATE INTRAVENOUS PATIENT CONTROLLED ANALGESIA SYRINGE 30 MG/30ML		0.40000	04/01/2017	
MORPHINE SULFATE INTRAVENOUS SYRINGE (ML) 10 MG/ML		2.22000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MORPHINE SULFATE INTRAVENOUS SYRINGE (ML) 2 MG/ML		2.22000	04/01/2017	
MORPHINE SULFATE INTRAVENOUS SYRINGE (ML) 4 MG/ML		2.22000	04/01/2017	
MORPHINE SULFATE INTRAVENOUS SYRINGE (ML) 8 MG/ML		2.22000	04/01/2017	
MORPHINE SULFATE INTRAVENOUS VIAL (ML) 10 MG/ML		1.03192	04/01/2017	
MORPHINE SULFATE INTRAVENOUS VIAL (ML) 25 MG/ML		0.70500	04/01/2017	
MORPHINE SULFATE INTRAVENOUS VIAL (ML) 4 MG/ML		0.99000	04/01/2017	
MORPHINE SULFATE INTRAVENOUS VIAL (ML) 50 MG/ML		0.49894	04/01/2017	
MORPHINE SULFATE INTRAVENOUS VIAL (ML) 8 MG/ML		1.12000	04/01/2017	
MORPHINE SULFATE INTRAVENOUS VIAL WITH THREADED PORT (ML) 100 MG/4ML		2.74500	04/01/2017	
MORPHINE SULFATE INTRAVENOUS VIAL WITH THREADED PORT (ML) 250MG/10ML		1.10000	04/01/2017	
MORPHINE SULFATE ORAL CAPSULE, EXTENDED RELEASE PELLETS 10 MG		2.16080	01/01/2018	
MORPHINE SULFATE ORAL CAPSULE, EXTENDED RELEASE PELLETS 100 MG		11.83943	04/01/2017	
MORPHINE SULFATE ORAL CAPSULE, EXTENDED RELEASE PELLETS 20 MG		2.41414	04/01/2017	
MORPHINE SULFATE ORAL CAPSULE, EXTENDED RELEASE PELLETS 30 MG		3.37318	07/01/2017	
MORPHINE SULFATE ORAL CAPSULE, EXTENDED RELEASE PELLETS 50 MG		4.71535	07/01/2017	
MORPHINE SULFATE ORAL CAPSULE, EXTENDED RELEASE PELLETS 60 MG		5.34420	04/01/2017	
MORPHINE SULFATE ORAL CAPSULE, EXTENDED RELEASE PELLETS 80 MG		8.45051	04/01/2017	
MORPHINE SULFATE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 120 MG		15.68370	04/01/2017	
MORPHINE SULFATE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 30 MG		4.40922	04/01/2017	
MORPHINE SULFATE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 45 MG		6.79640	04/01/2017	
MORPHINE SULFATE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 60 MG		8.97711	04/01/2017	
MORPHINE SULFATE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 75 MG		10.96260	04/01/2017	
MORPHINE SULFATE ORAL CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR 90 MG		13.63170	04/01/2017	
MORPHINE SULFATE ORAL SOLUTION, ORAL 10 MG/5 ML		0.05761	04/01/2017	
MORPHINE SULFATE ORAL SOLUTION, ORAL 100 MG/5ML		0.22056	10/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MORPHINE SULFATE ORAL SOLUTION, ORAL 20 MG/5 ML		0.12610	04/01/2017	
MORPHINE SULFATE ORAL SYRINGE (EA) 10MG/0.5ML		2.09480	04/01/2017	
MORPHINE SULFATE ORAL SYRINGE (ML) 20 MG/ML		3.65500	04/01/2017	
MORPHINE SULFATE ORAL TABLET 15 MG		0.06000	10/01/2017	
MORPHINE SULFATE ORAL TABLET 30 MG		0.14864	04/01/2017	
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 100 MG		0.98450	10/01/2017	
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 15 MG		0.16000	07/01/2018	
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 200 MG		1.13213	10/01/2017	
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 30 MG		0.29240	04/01/2017	
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 60 MG		0.42000	07/01/2018	
MORPHINE SULFATE RECTAL SUPPOSITORY, RECTAL 10 MG		4.10697	10/01/2017	
MORPHINE SULFATE RECTAL SUPPOSITORY, RECTAL 20 MG		4.92837	10/01/2017	
MORPHINE SULFATE RECTAL SUPPOSITORY, RECTAL 30 MG		6.15988	10/01/2017	
MORPHINE SULFATE RECTAL SUPPOSITORY, RECTAL 5 MG		3.28558	10/01/2017	
MORPHINE SULFATE/PF INJECTION AMPUL (ML) 0.5 MG/ML		4.10000	04/01/2017	
MORPHINE SULFATE/PF INJECTION AMPUL (ML) 1 MG/ML		4.53500	04/01/2017	
MORPHINE SULFATE/PF INJECTION VIAL (ML) 0.5 MG/ML		0.61200	04/01/2017	
MORPHINE SULFATE/PF INJECTION VIAL (ML) 1 MG/ML		0.67600	04/01/2017	
MORPHINE SULFATE/PF INTRAVENOUS PATIENT CONTROLLED ANALGESIA VIAL 150MG/30ML		0.33133	04/01/2017	
MORPHINE SULFATE/PF INTRAVENOUS PATIENT CONTROLLED ANALGESIA VIAL 30 MG/30ML		0.26600	04/01/2017	
MOXIFLOXACIN HCL IN SODIUM ACETATE AND SULFATE,WATER,ISO-OSM INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 400MG/.25L		0.18400	04/01/2017	
MOXIFLOXACIN HCL OPHTHALMIC DROPS 0.5 %		3.94167	01/01/2020	
MOXIFLOXACIN HCL ORAL TABLET 400 MG		1.33333	01/01/2020	
MULTIVIT WITH CALCIUM, IRON, AND OTHER MINERALS ORAL TABLET 18MG-0.4MG		0.08573	12/12/2011	
MULTIVIT,THERAPEUTIC WITH IRON,CALCIUM,FOLIC ACID & MINERALS ORAL TABLET 27MG-0.4MG		0.08573	12/12/2011	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MULTIVITAMIN ORAL TABLET		0.01266	01/01/2014	
MULTIVITAMIN ORAL TABLET, CHEWABLE		0.03294	12/12/2011	
MULTIVITAMIN W-MINERALS/LUTEIN ORAL TABLET		0.08573	12/12/2011	
MULTIVITAMIN WITH MINERALS ORAL TABLET		0.08573	12/12/2011	
MULTIVITAMIN WITH MINERALS/FOLIC ACID/LYCOPENE ORAL TABLET 0.4MG-600		0.08573	12/12/2011	
MULTIVITAMIN/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 18MG-0.4MG		0.04708	12/12/2011	
MULTIVITAMINS W-IRON ORAL DROPS		0.09355	12/12/2011	
MULTIVITAMINS W-IRON ORAL TABLET, CHEWABLE		0.04015	12/12/2011	
MULTIVITAMINS WITH FLUORIDE ORAL DROPS 0.25 MG/ML		0.20690	04/01/2013	
MULTIVITAMINS WITH FLUORIDE ORAL DROPS 0.5 MG/ML		0.16200	07/01/2013	
MULTIVITAMINS WITH IRON & FLUORIDE ORAL DROPS 0.25 MG/ML		0.17400	07/01/2013	
MULTIVITAMINS WITH MIN NO.7/FOLIC ACID ORAL CAPSULE (HARD, SOFT, ETC.) 1 MG		0.09390	12/12/2011	
MULTIVITAMINS, THERAPEUTIC ORAL LIQUID (ML)		0.02860	12/12/2011	
MULTIVITAMINS, THERAPEUTIC ORAL TABLET		0.02469	12/12/2011	
MULTIVITS W-FE, OTHER MIN ORAL LIQUID (ML)		0.02843	12/12/2011	
MULTIVITS W-FE, OTHER MIN ORAL TABLET, CHEWABLE		0.02016	12/12/2011	
MULTIVITS, IRON, MINERALS COMBO NO #5, FOLIC ACID ORAL TABLET 10MG-1MG		1.10355	12/12/2011	
MULTIVITS, STRESS FORMULA ORAL TABLET		0.08573	12/12/2011	
MULTIVITS, STRESS FORMULA/ZINC ORAL TABLET		0.04708	12/12/2011	
MULTIVITS, THERAP W-FE, HEMATIN ORAL TABLET 27MG-0.8MG		0.29925	12/12/2011	
MUPIROCIN CALCIUM TOPICAL CREAM (GRAM) 2 %		8.63166	03/21/2018	
MUPIROCIN TOPICAL OINTMENT (GRAM) 2 %		0.18000	07/01/2018	
MYCOPHENOLATE MOFETIL HCL INTRAVENOUS VIAL (EA) 500 MG		99.00000	04/01/2017	
MYCOPHENOLATE MOFETIL ORAL CAPSULE 250 MG		0.11929	10/01/2017	
MYCOPHENOLATE MOFETIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/ML		4.56844	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
MYCOPHENOLATE MOFETIL ORAL TABLET 500 MG		0.32170	08/23/2019	
MYCOPHENOLATE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 180 MG		0.82950	01/01/2019	
MYCOPHENOLATE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 360 MG		1.50000	07/01/2019	
NABUMETONE ORAL TABLET 500 MG		0.07398	01/01/2019	
NABUMETONE ORAL TABLET 750 MG		0.11398	01/01/2019	
NADOLOL ORAL TABLET 20 MG		0.29000	01/01/2020	
NADOLOL ORAL TABLET 40 MG		0.54950	07/01/2019	
NADOLOL ORAL TABLET 80 MG		0.23859	10/01/2017	
NADOLOL/BENDROFLUMETHIAZIDE ORAL TABLET 40 MG-5 MG		3.72600	04/01/2017	
NADOLOL/BENDROFLUMETHIAZIDE ORAL TABLET 80 MG-5 MG		4.91620	04/01/2017	
NAFCILLIN IN DEXTROSE, ISO-OSMOTIC INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 1 G/50 ML		0.28900	04/01/2017	
NAFCILLIN IN DEXTROSE, ISO-OSMOTIC INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 2 G/100 ML		0.20790	04/01/2017	
NAFCILLIN SODIUM INJECTION VIAL (EA) 1 G		11.00000	04/01/2017	
NAFCILLIN SODIUM INJECTION VIAL (EA) 10 G		102.13800	04/01/2017	
NAFCILLIN SODIUM INJECTION VIAL (EA) 2 G		22.00000	04/01/2017	
NAFCILLIN SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 1 G		14.02000	04/01/2017	
NAFCILLIN SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 2 G		27.19000	04/01/2017	
NAFTIFINE HCL TOPICAL CREAM (GRAM) 1 %		5.01793	04/01/2017	
NAFTIFINE HCL TOPICAL CREAM (GRAM) 2 %		6.72697	04/01/2017	
NALBUPHINE HCL INJECTION AMPUL (ML) 10 MG/ML		3.28000	04/01/2017	
NALBUPHINE HCL INJECTION AMPUL (ML) 20 MG/ML		5.63000	04/01/2017	
NALBUPHINE HCL INJECTION VIAL (ML) 10 MG/ML		3.21000	04/01/2017	
NALBUPHINE HCL INJECTION VIAL (ML) 20 MG/ML		4.76800	04/01/2017	
NALOXONE HCL INJECTION SYRINGE (ML) 0.4 MG/ML		15.27080	04/01/2017	
NALOXONE HCL INJECTION SYRINGE (ML) 1 MG/ML		15.24320	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
NALOXONE HCL INJECTION VIAL (ML) 0.4 MG/ML		8.88200	04/01/2018	
NALTREXONE HCL ORAL TABLET 50 MG		0.51990	01/01/2019	
NAPHAZOLINE HCL/GLYCERIN OPHTHALMIC DROPS 0.012-0.2%		0.09200	04/01/2017	
NAPROXEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 125 MG/5ML		0.77955	04/01/2017	
NAPROXEN ORAL TABLET 250 MG		0.02965	10/01/2017	
NAPROXEN ORAL TABLET 375 MG		0.03395	10/01/2017	
NAPROXEN ORAL TABLET 500 MG		0.04300	04/01/2017	
NAPROXEN ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 375 MG		0.11150	07/01/2019	
NAPROXEN ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500 MG		0.13903	07/01/2019	
NAPROXEN SODIUM ORAL CAPSULE 220 MG		0.11062	04/01/2017	
NAPROXEN SODIUM ORAL TABLET 220 MG		0.05719	04/01/2017	
NAPROXEN SODIUM ORAL TABLET 275 MG		0.07206	10/01/2017	
NAPROXEN SODIUM ORAL TABLET 550 MG		0.26000	01/01/2019	
NAPROXEN SODIUM ORAL TABLET,EXTENDED RELEASE MULTIPHASE 24 HR 375 MG		9.75680	07/01/2018	
NAPROXEN SODIUM ORAL TABLET,EXTENDED RELEASE MULTIPHASE 24 HR 500 MG		6.96787	01/01/2019	
NAPROXEN SODIUM/PSEUDOEPHEDRINE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 220-120MG		0.36900	04/01/2017	
NARATRIPTAN HCL ORAL TABLET 1 MG		3.92785	04/01/2017	
NARATRIPTAN HCL ORAL TABLET 2.5 MG		1.19778	01/01/2020	
NATEGLINIDE ORAL TABLET 120 MG		0.25378	01/01/2019	
NATEGLINIDE ORAL TABLET 60 MG		0.28945	10/01/2019	
NEFAZODONE HCL ORAL TABLET 100 MG		0.20100	10/01/2017	
NEFAZODONE HCL ORAL TABLET 150 MG		0.46197	10/01/2017	
NEFAZODONE HCL ORAL TABLET 200 MG		0.36257	10/01/2017	
NEFAZODONE HCL ORAL TABLET 250 MG		0.25125	10/01/2017	
NEFAZODONE HCL ORAL TABLET 50 MG		0.18940	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
NEOMYCIN SULF/BACITRACIN ZINC/POLYMYXIN B SULF/PRAMOXINE HCL TOPICAL OINTMENT (GRAM) 3.5-10K-10		0.04909	10/01/2017	
NEOMYCIN SULFATE ORAL TABLET 500 MG		0.50000	01/01/2018	
NEOMYCIN SULFATE/BACITRACIN ZINC/POLYMYXIN B TOPICAL OINTMENT (GRAM) 3.5-400-5K		0.05743	10/01/2017	
NEOMYCIN SULFATE/BACITRACIN ZINC/POLYMYXIN B/HYDROCORTISONE OPHTHALMIC OINTMENT (GRAM) 3.5-10K-1		6.88857	01/01/2019	
NEOMYCIN SULFATE/BACITRACIN/POLYMYXIN B OPHTHALMIC OINTMENT (GRAM) 3.5MG-400		3.90000	04/01/2019	
NEOMYCIN SULFATE/POLYMYXIN B SULFATE IRRIGATION AMPUL (ML) 40-200K/ML		6.23102	10/01/2017	
NEOMYCIN SULFATE/POLYMYXIN B SULFATE IRRIGATION VIAL (ML) 40-200K/ML		6.23100	10/01/2017	
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/GRAMICIDIN D OPHTHALMIC DROPS 1.75MG-10K		3.05769	04/01/2017	
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 3.5-10K-10		6.37835	10/01/2017	
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE OTIC SOLUTION, NON-ORAL 3.5-10K-1		1.28439	10/01/2017	
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE OTIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 3.5-10K-1		3.42500	06/02/2017	
NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE OPHTHALMIC OINTMENT (GRAM) 3.5-10K-.1		1.51714	07/01/2018	
NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 0.1 %		1.90000	07/01/2018	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS VIAL (ML) 0.5 MG/ML		6.55000	04/01/2017	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS VIAL (ML) 1 MG/ML		8.40300	04/01/2017	
NEVIRAPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 50 MG/5 ML		0.63062	04/01/2017	
NEVIRAPINE ORAL TABLET 200 MG		0.11054	04/01/2017	
NEVIRAPINE ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG		6.38277	04/01/2017	
NEVIRAPINE ORAL TABLET, EXTENDED RELEASE 24 HR 400 MG		0.44233	01/01/2020	
NIACIN ORAL CAPSULE, EXTENDED RELEASE 250 MG		0.04482	10/01/2017	
NIACIN ORAL CAPSULE, EXTENDED RELEASE 500 MG		0.04879	10/01/2017	
NIACIN ORAL TABLET 250 MG		0.02481	12/12/2011	
NIACIN ORAL TABLET 500 MG		0.31296	04/01/2017	
NIACIN ORAL TABLET, EXTENDED RELEASE 1000 MG		0.07615	12/12/2011	
NIACIN ORAL TABLET, EXTENDED RELEASE 24 HR 1000 MG		0.77167	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
NIACIN ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG		0.08178	01/01/2020	
NIACIN ORAL TABLET, EXTENDED RELEASE 24 HR 750 MG		1.10200	04/01/2019	
NIACIN ORAL TABLET, EXTENDED RELEASE 500 MG		0.05845	12/12/2011	
NIACIN ORAL TABLET, EXTENDED RELEASE 750 MG		0.07281	12/12/2011	
NIACINAMIDE ORAL TABLET 500 MG		0.03450	12/12/2011	
NIACINAMIDE/AZELAIC ACID/ZINC OXIDE/VIT B6/COPPER/FA ORAL TABLET 600-5-500		1.33250	07/01/2018	
NICARDIPINE HCL INTRAVENOUS AMPUL (ML) 25 MG/10ML		2.80000	04/01/2017	
NICARDIPINE HCL INTRAVENOUS VIAL (ML) 25 MG/10ML		2.01420	04/01/2017	
NICARDIPINE HCL ORAL CAPSULE 20 MG		0.10556	10/01/2017	
NICARDIPINE HCL ORAL CAPSULE 30 MG		0.18028	10/01/2017	
NICOTINE POLACRILEX BUCCAL GUM 2 MG		0.17264	01/01/2019	
NICOTINE POLACRILEX BUCCAL GUM 4 MG		0.23091	04/01/2018	
NICOTINE POLACRILEX BUCCAL LOZENGE 2 MG		0.33903	04/01/2017	
NICOTINE POLACRILEX BUCCAL LOZENGE 4 MG		0.29250	10/01/2019	
NICOTINE TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 14MG/24HR		1.24071	10/01/2019	
NICOTINE TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 21 MG/24HR		1.30714	04/01/2019	
NICOTINE TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 7MG/24HR		1.29714	01/01/2020	
NICOTINE TRANSDERMAL PATCH, TRANSDERMAL DAILY, SEQUENTIAL 21-14-7MG		1.21839	07/01/2019	
NIFEDIPINE ORAL CAPSULE 10 MG		0.40990	04/01/2019	
NIFEDIPINE ORAL CAPSULE 20 MG		1.31822	04/01/2017	
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 30 MG		0.09880	01/01/2019	
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 60 MG		0.13250	07/01/2018	
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 90 MG		0.03594	01/01/2019	
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 30 MG		0.08310	01/01/2019	
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 60 MG		0.16950	07/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 90 MG		0.20555	10/01/2019	
NILUTAMIDE ORAL TABLET 150 MG		133.33333	07/01/2018	
NIMODIPINE ORAL CAPSULE 30 MG		1.66000	07/01/2019	
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 17 MG		4.49990	04/01/2017	
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 20 MG		13.16180	04/01/2017	
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 25.5 MG		5.06367	10/01/2017	
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 30 MG		14.35360	04/01/2017	
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 34 MG		5.68890	10/01/2017	
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 40 MG		14.35360	04/01/2017	
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 8.5MG		3.78844	04/01/2017	
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 100 MG		0.62411	10/01/2017	
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 25 MG		4.73536	04/01/2017	
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 50 MG		0.30000	07/01/2018	
NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS ORAL CAPSULE 100 MG		0.29680	01/01/2019	
NITROFURANTOIN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 25 MG/5 ML		1.31539	04/01/2018	
NITROGLYCERIN IN 5 % DEXTROSE IN WATER INTRAVENOUS INFUSION BOTTLE (ML) 100MG/250		0.07667	04/01/2017	
NITROGLYCERIN IN 5 % DEXTROSE IN WATER INTRAVENOUS INFUSION BOTTLE (ML) 50MG/250ML		0.07027	04/01/2017	
NITROGLYCERIN INTRAVENOUS VIAL (ML) 50 MG/10ML		1.00000	04/01/2017	
NITROGLYCERIN ORAL CAPSULE, EXTENDED RELEASE 2.5 MG		0.04715	10/01/2017	
NITROGLYCERIN ORAL CAPSULE, EXTENDED RELEASE 6.5 MG		0.06107	10/01/2017	
NITROGLYCERIN ORAL CAPSULE, EXTENDED RELEASE 9 MG		0.08735	10/01/2017	
NITROGLYCERIN SUBLINGUAL TABLET, SUBLINGUAL 0.3 MG		0.28280	10/01/2017	
NITROGLYCERIN SUBLINGUAL TABLET, SUBLINGUAL 0.4 MG		0.17236	10/01/2017	
NITROGLYCERIN SUBLINGUAL TABLET, SUBLINGUAL 0.6 MG		0.37660	04/01/2017	
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.1MG/HR		0.52033	10/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.2MG/HR		0.35275	01/01/2018	
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.4MG/HR		0.36667	07/01/2018	
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.6MG/HR		0.58367	04/01/2019	
NITROGLYCERIN TRANSLINGUAL AEROSOL, SPRAY (GRAM) 400MCG/SPR		41.76049	04/01/2017	
NITROGLYCERIN TRANSLINGUAL SPRAY, NON-AEROSOL (GRAM) 400MCG/SPR		18.50475	04/01/2017	
NITROGLYCERIN/DEXTROSE 5 % IN WATER INTRAVENOUS INFUSION BOTTLE (ML) 25MG/250ML		0.02854	10/01/2017	
NITROPRUSSIDE SODIUM INTRAVENOUS VIAL (ML) 25 MG/ML		375.00000	04/01/2017	
NIZATIDINE ORAL CAPSULE 150 MG		0.13507	10/01/2017	
NIZATIDINE ORAL CAPSULE 300 MG		0.36667	01/01/2019	
NIZATIDINE ORAL SOLUTION, ORAL 150MG/10ML		0.83331	04/01/2017	
NORELGESTROMIN/ETHINYL ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 150-35/24H		39.90232	10/29/2019	
NOREPINEPHRINE BITARTRATE INTRAVENOUS VIAL (ML) 1 MG/ML		4.50500	04/01/2017	
NOREPINEPHRINE BITARTRATE MISCELLANEOUS POWDER (GRAM) 100 %		616.40300	04/01/2017	
NORETHINDRONE ACETATE ORAL TABLET 5 MG		0.60000	01/01/2019	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL ORAL TABLET 0.5MG-2.5		2.00956	04/01/2017	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL ORAL TABLET 1.5-0.03MG		0.71806	10/01/2018	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL ORAL TABLET 1MG-20MCG		0.22238	10/01/2019	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL ORAL TABLET 1MG-5MCG		1.80370	04/01/2017	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE ORAL TABLET 1.5-30(21)		0.16679	01/01/2020	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE ORAL TABLET 1MG-20(21)		0.11726	10/01/2017	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE ORAL TABLET 1MG-20(24)		1.05273	01/01/2018	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE ORAL TABLET 5-7-9-7		0.91503	04/01/2017	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE ORAL TABLET,CHEWABLE 1MG-20(24)		1.78571	01/01/2019	
NORETHINDRONE ORAL TABLET 0.35 MG		0.07810	04/01/2017	
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 0.4-0.035		0.33908	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 0.5-0.035		0.53868	07/01/2017	
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 1 MG-35MCG		0.28925	07/01/2017	
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 10-11		0.66485	10/01/2017	
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 7 DAYS X 3		0.15179	01/01/2020	
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 7-9-5		0.59237	04/01/2017	
NORETHINDRONE-ETHINYL ESTRADIOL/FERROUS FUMARATE ORAL TABLET, CHEWABLE 0.4-35(21)		1.73245	04/01/2017	
NORETHINDRONE-ETHINYL ESTRADIOL/FERROUS FUMARATE ORAL TABLET, CHEWABLE 0.8-25(24)		2.58274	10/01/2017	
NORGESTIMATE-ETHINYL ESTRADIOL ORAL TABLET 0.25-0.035		0.16060	07/01/2018	
NORGESTIMATE-ETHINYL ESTRADIOL ORAL TABLET 7DAYSX3 28		0.09250	01/01/2020	
NORGESTIMATE-ETHINYL ESTRADIOL ORAL TABLET 7DAYSX3 LO		0.19048	01/01/2019	
NORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.3-0.03MG		0.26161	01/01/2019	
NORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.5 MG-50		1.04798	01/01/2020	
NORTRIPTYLINE HCL ORAL CAPSULE 10 MG		0.02955	10/01/2017	
NORTRIPTYLINE HCL ORAL CAPSULE 25 MG		0.03648	10/01/2017	
NORTRIPTYLINE HCL ORAL CAPSULE 50 MG		0.07796	10/01/2017	
NORTRIPTYLINE HCL ORAL CAPSULE 75 MG		0.09919	10/01/2017	
NORTRIPTYLINE HCL ORAL SOLUTION, ORAL 10 MG/5 ML		0.25178	04/01/2017	
NYSTATIN ORAL POWDER (EACH) 150MM UNIT		94.76192	12/12/2011	
NYSTATIN ORAL POWDER (EACH) 50MM UNIT		38.25000	12/12/2011	
NYSTATIN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100000/ML		0.03294	04/01/2017	
NYSTATIN ORAL TABLET 500K UNIT		0.34870	10/01/2018	
NYSTATIN TOPICAL CREAM (GRAM) 100000/G		0.09033	01/01/2019	
NYSTATIN TOPICAL OINTMENT (GRAM) 100000/G		0.25000	01/01/2019	
NYSTATIN TOPICAL POWDER (GRAM) 100000/G		0.19583	07/01/2018	
NYSTATIN/TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 100000-0.1		0.18033	07/01/2018	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
NYSTATIN/TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 100000-0.1		0.28300	01/01/2019	
OCTREOTIDE ACETATE INJECTION AMPUL (ML) 100 MCG/ML		3.51750	10/01/2017	
OCTREOTIDE ACETATE INJECTION AMPUL (ML) 50 MCG/ML		4.42200	10/01/2017	
OCTREOTIDE ACETATE INJECTION AMPUL (ML) 500 MCG/ML		21.45000	04/01/2017	
OCTREOTIDE ACETATE INJECTION SYRINGE (ML) 100 MCG/ML		2.69662	10/01/2018	
OCTREOTIDE ACETATE INJECTION SYRINGE (ML) 50 MCG/ML		4.42200	10/01/2017	
OCTREOTIDE ACETATE INJECTION SYRINGE (ML) 500 MCG/ML		21.45000	04/01/2017	
OCTREOTIDE ACETATE INJECTION VIAL (ML) 100 MCG/ML		3.51750	10/01/2017	
OCTREOTIDE ACETATE INJECTION VIAL (ML) 1000MCG/ML		55.10175	04/01/2017	
OCTREOTIDE ACETATE INJECTION VIAL (ML) 200 MCG/ML		7.03500	10/01/2017	
OCTREOTIDE ACETATE INJECTION VIAL (ML) 50 MCG/ML		4.42200	10/01/2017	
OCTREOTIDE ACETATE INJECTION VIAL (ML) 500 MCG/ML		21.45000	04/01/2017	
OFLOXACIN OPHTHALMIC DROPS 0.3 %		1.75200	07/01/2018	
OFLOXACIN ORAL TABLET 200 MG		2.85346	12/12/2011	
OFLOXACIN ORAL TABLET 300 MG		2.10818	10/01/2017	
OFLOXACIN ORAL TABLET 400 MG		2.14084	10/01/2017	
OFLOXACIN OTIC DROPS 0.3 %		1.41605	10/01/2017	
OLANZAPINE INTRAMUSCULAR VIAL (EA) 10 MG		24.07000	04/01/2018	
OLANZAPINE ORAL TABLET 10 MG		0.08667	01/01/2019	
OLANZAPINE ORAL TABLET 15 MG		0.08050	01/01/2019	
OLANZAPINE ORAL TABLET 2.5 MG		0.06333	01/01/2019	
OLANZAPINE ORAL TABLET 20 MG		0.11667	01/01/2019	
OLANZAPINE ORAL TABLET 5 MG		0.04992	10/01/2017	
OLANZAPINE ORAL TABLET 7.5 MG		0.08533	10/01/2019	
OLANZAPINE ORAL TABLET,DISINTEGRATING 10 MG		0.34400	07/01/2018	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
OLANZAPINE ORAL TABLET,DISINTEGRATING 15 MG		0.52133	01/01/2019	
OLANZAPINE ORAL TABLET,DISINTEGRATING 20 MG		0.61067	01/01/2018	
OLANZAPINE ORAL TABLET,DISINTEGRATING 5 MG		0.15867	07/01/2018	
OLANZAPINE/FLUOXETINE HCL ORAL CAPSULE 12MG-25MG		13.12900	04/01/2017	
OLANZAPINE/FLUOXETINE HCL ORAL CAPSULE 12MG-50MG		12.74340	04/01/2017	
OLANZAPINE/FLUOXETINE HCL ORAL CAPSULE 3 MG-25 MG		7.42620	04/01/2017	
OLANZAPINE/FLUOXETINE HCL ORAL CAPSULE 6MG-25MG		10.57408	04/01/2017	
OLANZAPINE/FLUOXETINE HCL ORAL CAPSULE 6MG-50MG		9.54467	04/01/2017	
OLMESARTAN MEDOXOMIL ORAL TABLET 20 MG		0.03244	01/01/2019	
OLMESARTAN MEDOXOMIL ORAL TABLET 40 MG		0.11633	07/01/2018	
OLMESARTAN MEDOXOMIL ORAL TABLET 5 MG		0.03800	01/01/2019	
OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HYDROCHLOROTHIAZIDE ORAL TABLET 20-5-12.5		1.37855	01/01/2020	
OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HYDROCHLOROTHIAZIDE ORAL TABLET 40-10-12.5		1.82389	01/01/2020	
OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HYDROCHLOROTHIAZIDE ORAL TABLET 40-10-25MG		1.51667	01/01/2019	
OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HYDROCHLOROTHIAZIDE ORAL TABLET 40-5-12.5		1.00133	07/01/2019	
OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HYDROCHLOROTHIAZIDE ORAL TABLET 40-5-25 MG		1.40000	01/01/2019	
OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG		0.10567	04/01/2018	
OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE ORAL TABLET 40 MG-25MG		0.16156	07/01/2018	
OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE ORAL TABLET 40-12.5 MG		0.16156	07/01/2018	
OLOPATADINE HCL NASAL AEROSOL, SPRAY WITH PUMP (GRAM) 0.6 %		2.00000	07/01/2019	
OLOPATADINE HCL OPHTHALMIC DROPS 0.1 %		2.10667	07/01/2019	
OLOPATADINE HCL OPHTHALMIC DROPS 0.2 %		4.58080	01/01/2020	
OMEGA-3 ACID ETHYL ESTERS ORAL CAPSULE 1 G		0.18450	01/01/2019	
OMEGA-3 FATTY ACIDS/FISH OIL ORAL CAPSULE (HARD, SOFT, ETC.) 300-1000MG		0.10910	12/12/2011	
OMEPRAZOLE MAGNESIUM ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 20 MG		0.44162	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 10 MG		0.09510	07/01/2018	
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 20 MG		0.02678	04/01/2017	
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 40 MG		0.04980	04/01/2017	
OMEPRAZOLE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 20 MG		0.48673	04/01/2017	
OMEPRAZOLE/SODIUM BICARBONATE ORAL CAPSULE 20MG-1.1G		4.08644	10/01/2017	
OMEPRAZOLE/SODIUM BICARBONATE ORAL CAPSULE 40MG-1.1G		1.28050	01/01/2020	
OMEPRAZOLE/SODIUM BICARBONATE ORAL PACKET (EA) 20-1680MG		87.36333	04/01/2017	
OMEPRAZOLE/SODIUM BICARBONATE ORAL PACKET (EA) 40-1680MG		20.17800	01/01/2019	
ONDANSETRON HCL INTRAVENOUS VIAL (ML) 2 MG/ML		0.07380	04/01/2017	
ONDANSETRON HCL ORAL SOLUTION, ORAL 4 MG/5 ML		0.23620	07/01/2018	
ONDANSETRON HCL ORAL TABLET 24 MG		4.63962	12/12/2011	
ONDANSETRON HCL ORAL TABLET 4 MG		0.03767	01/01/2019	
ONDANSETRON HCL ORAL TABLET 8 MG		0.04400	01/01/2019	
ONDANSETRON HCL/PF INJECTION SYRINGE (ML) 4 MG/2 ML		0.11566	10/01/2017	
ONDANSETRON HCL/PF INJECTION VIAL (ML) 4 MG/2 ML		0.11566	10/01/2017	
ONDANSETRON ORAL TABLET,DISINTEGRATING 4 MG		0.06333	01/01/2019	
ONDANSETRON ORAL TABLET,DISINTEGRATING 8 MG		0.16522	01/01/2020	
OPIUM TINCTURE ORAL TINCTURE 10 MG/ML		2.38890	04/01/2018	
OPIUM/BELLADONNA ALKALOIDS RECTAL SUPPOSITORY, RECTAL 30-16.2MG		20.90350	04/01/2017	
OPIUM/BELLADONNA ALKALOIDS RECTAL SUPPOSITORY, RECTAL 60-16.2MG		24.68483	04/01/2017	
ORPHENADRINE CITRATE INJECTION AMPUL (ML) 30 MG/ML		6.00000	04/01/2017	
ORPHENADRINE CITRATE INJECTION VIAL (ML) 30 MG/ML		6.00000	04/01/2017	
ORPHENADRINE CITRATE ORAL TABLET, EXTENDED RELEASE 100 MG		0.14850	01/01/2019	
ORPHENADRINE CITRATE/ASPIRIN/CAFFEINE ORAL TABLET 25-385-30		0.69231	12/12/2011	
ORPHENADRINE CITRATE/ASPIRIN/CAFFEINE ORAL TABLET 50-770-60		0.98077	12/12/2011	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
OSELTAMIVIR PHOSPHATE ORAL CAPSULE 30 MG		4.14333	07/01/2019	
OSELTAMIVIR PHOSPHATE ORAL CAPSULE 45 MG		4.12900	10/01/2019	
OSELTAMIVIR PHOSPHATE ORAL CAPSULE 75 MG		2.78500	01/01/2019	
OSELTAMIVIR PHOSPHATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 6 MG/ML		0.86096	07/01/2019	
OXACILLIN SODIUM IN ISO-OSMOTIC DEXTROSE INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 1 G/50 ML		0.28900	04/01/2017	
OXACILLIN SODIUM INJECTION VIAL (EA) 1 G		7.90000	04/01/2017	
OXACILLIN SODIUM INJECTION VIAL (EA) 10 G		90.00000	04/01/2017	
OXACILLIN SODIUM INJECTION VIAL (EA) 2 G		10.89000	10/01/2019	
OXACILLIN SODIUM/DEXTROSE, ISO-OSMOTIC INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 2 G/50 ML		0.40989	10/01/2017	
OXALIPLATIN INTRAVENOUS VIAL (EA) 100 MG		200.00000	04/01/2017	
OXALIPLATIN INTRAVENOUS VIAL (EA) 50 MG		100.00000	04/01/2017	
OXALIPLATIN INTRAVENOUS VIAL (ML) 100MG/20ML		5.00000	04/01/2017	
OXALIPLATIN INTRAVENOUS VIAL (ML) 50 MG/10ML		5.00000	04/01/2017	
OXANDROLONE ORAL TABLET 10 MG		11.42074	04/01/2017	
OXANDROLONE ORAL TABLET 2.5 MG		2.69627	10/01/2017	
OXAPROZIN ORAL TABLET 600 MG		1.81265	04/01/2017	
OXAZEPAM ORAL CAPSULE 10 MG		0.47800	04/01/2017	
OXAZEPAM ORAL CAPSULE 15 MG		0.66744	04/01/2017	
OXAZEPAM ORAL CAPSULE 30 MG		1.03910	04/01/2017	
OXCARBAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 300 MG/5ML		0.23948	07/01/2018	
OXCARBAZEPINE ORAL TABLET 150 MG		0.07700	07/01/2018	
OXCARBAZEPINE ORAL TABLET 300 MG		0.11300	01/01/2019	
OXCARBAZEPINE ORAL TABLET 600 MG		0.26130	07/01/2018	
OXICONAZOLE NITRATE TOPICAL CREAM (GRAM) 1 %		7.13200	01/01/2020	
OXYBUTYNIN CHLORIDE ORAL SYRUP 5 MG/5 ML		0.01875	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
OXYBUTYNIN CHLORIDE ORAL TABLET 5 MG		0.03150	01/01/2019	
OXYBUTYNIN CHLORIDE ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG		0.11710	01/01/2019	
OXYBUTYNIN CHLORIDE ORAL TABLET, EXTENDED RELEASE 24 HR 15 MG		0.12760	01/01/2019	
OXYBUTYNIN CHLORIDE ORAL TABLET, EXTENDED RELEASE 24 HR 5 MG		0.21685	07/01/2019	
OXYCODONE HCL ORAL CAPSULE 5 MG		0.10127	10/01/2017	
OXYCODONE HCL ORAL CONCENTRATE, ORAL 20 MG/ML		1.30667	07/01/2018	
OXYCODONE HCL ORAL SOLUTION, ORAL 5 MG/5 ML		0.09998	01/01/2020	
OXYCODONE HCL ORAL SYRINGE (EA) 10MG/0.5ML		3.74000	04/01/2017	
OXYCODONE HCL ORAL TABLET 10 MG		0.10660	07/01/2018	
OXYCODONE HCL ORAL TABLET 15 MG		0.10132	01/01/2019	
OXYCODONE HCL ORAL TABLET 20 MG		0.17710	10/01/2017	
OXYCODONE HCL ORAL TABLET 30 MG		0.09690	01/01/2019	
OXYCODONE HCL ORAL TABLET 5 MG		0.05480	04/01/2017	
OXYCODONE HCL ORAL TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR 10 MG		3.81940	08/30/2019	
OXYCODONE HCL ORAL TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR 15 MG		3.53670	04/01/2017	
OXYCODONE HCL ORAL TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR 20 MG		4.43520	04/01/2017	
OXYCODONE HCL ORAL TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR 30 MG		0.00000	03/22/2018	
OXYCODONE HCL ORAL TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR 40 MG		0.00000	02/08/2017	
OXYCODONE HCL ORAL TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR 60 MG		13.36040	04/01/2017	
OXYCODONE HCL ORAL TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR 80 MG		7.99250	01/01/2018	
OXYCODONE HCL/ACETAMINOPHEN ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG-500MG		0.10985	12/12/2011	
OXYCODONE HCL/ACETAMINOPHEN ORAL SOLUTION, ORAL 5-325/5 ML		0.22800	04/01/2017	
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 10MG-300MG		18.42033	04/01/2017	
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 10MG-325MG		0.21152	01/01/2019	
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 10MG-650MG		0.46410	12/12/2011	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 2.5-325 MG		1.24120	01/01/2018	
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 5 MG-300MG		18.42033	04/01/2017	
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 5 MG-325MG		0.05300	04/01/2017	
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 7.5-300 MG		18.42033	04/01/2017	
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 7.5-325 MG		0.16180	07/01/2018	
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 7.5-500MG		0.41250	12/12/2011	
OXYCODONE HCL/ASPIRIN ORAL TABLET 4.8355-325		0.33977	10/01/2017	
OXYMETAZOLINE HCL NASAL AEROSOL, MIST 0.05 %		0.07733	04/01/2017	
OXYMETAZOLINE HCL NASAL SPRAY, NON-AEROSOL (ML) 0.05 %		0.05112	04/01/2017	
OXYMORPHONE HCL ORAL TABLET 10 MG		1.51000	07/01/2018	
OXYMORPHONE HCL ORAL TABLET 5 MG		1.08926	07/01/2017	
OXYMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 10 MG		3.30522	04/01/2017	
OXYMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 15 MG		3.46650	01/01/2018	
OXYMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 20 MG		4.93817	07/01/2017	
OXYMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 30 MG		7.95418	04/01/2017	
OXYMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 40 MG		9.44497	04/01/2017	
OXYMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 5 MG		1.83035	04/01/2017	
OXYMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 7.5 MG		2.11186	04/01/2017	
OXYTOCIN INJECTION VIAL (ML) 10 UNIT/ML		0.76000	04/01/2017	
PACLITAXEL INTRAVENOUS VIAL (ML) 6 MG/ML		1.16149	04/01/2017	
PALIPERIDONE ORAL TABLET, EXTENDED RELEASE 24 HR 1.5 MG		9.45467	01/01/2020	
PALIPERIDONE ORAL TABLET, EXTENDED RELEASE 24 HR 3 MG		9.59000	09/06/2019	
PALIPERIDONE ORAL TABLET, EXTENDED RELEASE 24 HR 6 MG		6.55133	07/01/2019	
PALIPERIDONE ORAL TABLET, EXTENDED RELEASE 24 HR 9 MG		8.33333	07/01/2018	
PAMIDRONATE DISODIUM INTRAVENOUS VIAL (EA) 30 MG		18.79000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PAMIDRONATE DISODIUM INTRAVENOUS VIAL (EA) 90 MG		56.37000	04/01/2017	
PAMIDRONATE DISODIUM INTRAVENOUS VIAL (ML) 30MG/10ML		2.74442	10/01/2017	
PAMIDRONATE DISODIUM INTRAVENOUS VIAL (ML) 60 MG/10ML		2.80400	04/01/2017	
PAMIDRONATE DISODIUM INTRAVENOUS VIAL (ML) 90 MG/10ML		3.58500	04/01/2017	
PANCURONIUM BROMIDE INTRAVENOUS VIAL (ML) 1 MG/ML		0.47400	04/01/2017	
PANCURONIUM BROMIDE INTRAVENOUS VIAL (ML) 2 MG/ML		1.65712	04/01/2017	
PANTOPRAZOLE SODIUM INTRAVENOUS VIAL (EA) 40 MG		3.22082	10/01/2017	
PANTOPRAZOLE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 20 MG		0.03211	01/01/2019	
PANTOPRAZOLE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 40 MG		0.03422	01/01/2019	
PAPAVERINE HCL INJECTION VIAL (ML) 30 MG/ML		0.83717	10/01/2017	
PARABEN/CETYL ALCOHOL/STEARYL ALCOHOL/PROP GLY/NA LAURYL SO4 TOPICAL CLEANSER (ML)		0.02238	12/12/2011	
PAREGORIC ORAL LIQUID (ML) 2 MG/5 ML		0.20929	10/01/2017	
PARENTERAL AMINO ACID 15% COMBINATION NO.1 INTRAVENOUS INTRAVENOUS SOLUTION 15 %		0.02676	04/01/2017	
PARICALCITOL INJECTION VIAL (ML) 2 MCG/ML		4.00000	04/01/2017	
PARICALCITOL INJECTION VIAL (ML) 5 MCG/ML		10.00000	04/01/2017	
PARICALCITOL INTRAVENOUS VIAL (ML) 2 MCG/ML		4.00000	04/01/2017	
PARICALCITOL INTRAVENOUS VIAL (ML) 5 MCG/ML		10.00000	04/01/2017	
PARICALCITOL ORAL CAPSULE 1 MCG		0.94067	10/01/2018	
PARICALCITOL ORAL CAPSULE 2 MCG		6.30300	07/01/2019	
PARICALCITOL ORAL CAPSULE 4MCG		8.56666	04/01/2017	
PAROMOMYCIN SULFATE ORAL CAPSULE 250 MG		1.35494	10/01/2017	
PAROXETINE HCL ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 10 MG/5 ML		0.58039	09/01/2011	
PAROXETINE HCL ORAL TABLET 10 MG		0.01667	01/01/2019	
PAROXETINE HCL ORAL TABLET 20 MG		0.03133	01/01/2019	
PAROXETINE HCL ORAL TABLET 30 MG		0.08133	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PAROXETINE HCL ORAL TABLET 40 MG		0.07833	01/01/2019	
PAROXETINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 12.5 MG		1.07133	07/01/2019	
PAROXETINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 25 MG		1.16333	01/01/2019	
PAROXETINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 37.5 MG		0.83200	01/01/2020	
PAROXETINE MESYLATE ORAL CAPSULE 7.5 MG		4.58233	01/01/2020	
PEDIATRIC MULTIVIT WITH A,C,D3 NO.21/SODIUM FLUORIDE ORAL DROPS 0.25 MG/ML		0.07035	10/01/2017	
PEDIATRIC MULTIVIT WITH A,C,D3 NO.21/SODIUM FLUORIDE ORAL DROPS 0.5 MG/ML		0.17120	04/01/2017	
PEDIATRIC MULTIVITAMIN NO.2/SODIUM FLUORIDE ORAL DROPS 0.25 MG/ML		0.14500	01/01/2018	
PEDIATRIC MULTIVITAMIN NO.2/SODIUM FLUORIDE ORAL DROPS 0.5 MG/ML		0.14500	01/01/2018	
PEDIATRIC MULTIVITAMIN NO.45/SODIUM FLUORIDE/FERROUS SULFATE ORAL DROPS 0.25-10/ML		0.14500	01/01/2018	
PEDIATRIC MULTIVITAMIN NO.75/SODIUM FLUORIDE/FERROUS SULFATE ORAL DROPS 0.25-10/ML		0.21760	04/01/2017	
PEDIATRIC MULTIVITAMIN NO.82 WITH SODIUM FLUORIDE ORAL DROPS 0.25 MG/ML		0.22260	04/01/2017	
PEDIATRIC MULTIVITAMIN NO.82 WITH SODIUM FLUORIDE ORAL DROPS 0.5 MG/ML		0.19700	04/01/2017	
PEDIATRIC MULTIVITAMINS NO.16 WITH SODIUM FLUORIDE ORAL TABLET, CHEWABLE 0.25 MG		0.16616	10/01/2017	
PEDIATRIC MULTIVITAMINS NO.16 WITH SODIUM FLUORIDE ORAL TABLET, CHEWABLE 0.5 MG		0.07700	10/01/2017	
PEDIATRIC MULTIVITAMINS NO.16 WITH SODIUM FLUORIDE ORAL TABLET, CHEWABLE 1 MG		0.12432	10/01/2017	
PEDIATRIC MULTIVITAMINS NO.17 WITH SODIUM FLUORIDE ORAL TABLET, CHEWABLE 0.25 MG		0.04680	01/01/2018	
PEDIATRIC MULTIVITAMINS NO.17 WITH SODIUM FLUORIDE ORAL TABLET, CHEWABLE 0.5 MG		0.04680	07/01/2018	
PEDIATRIC MULTIVITAMINS NO.17 WITH SODIUM FLUORIDE ORAL TABLET, CHEWABLE 1 MG		0.05010	04/01/2017	
PEG 3350/SOD SULF/SOD BICARB/SOD CHLORIDE/POTASSIUM CHLORIDE ORAL SOLUTION, RECONSTITUTED, ORAL 236-22.74G		0.00265	04/01/2017	
PEG 3350/SOD SULF/SOD BICARB/SOD CHLORIDE/POTASSIUM CHLORIDE ORAL SOLUTION, RECONSTITUTED, ORAL 240-22.72G		0.00245	04/01/2017	
PENICILLIN G POTASSIUM INJECTION VIAL (EA) 20MM UNIT		50.63000	04/01/2017	
PENICILLIN G POTASSIUM INJECTION VIAL (EA) 5MM UNIT		6.68828	10/01/2017	
PENICILLIN G POTASSIUM/DEXTROSE-WATER INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 1MM/50ML		0.16900	04/01/2017	
PENICILLIN G POTASSIUM/DEXTROSE-WATER INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 2MM/50ML		0.17580	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PENICILLIN G POTASSIUM/DEXTROSE-WATER INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 3MM/50ML		0.18260	04/01/2017	
PENICILLIN G PROCAINE INTRAMUSCULAR SYRINGE (ML) 1.2MM/2 ML		25.25250	04/01/2017	
PENICILLIN G PROCAINE INTRAMUSCULAR SYRINGE (ML) 600000/ML		30.33600	04/01/2017	
PENICILLIN G SODIUM INJECTION VIAL (EA) 5MM UNIT		46.07800	04/01/2017	
PENICILLIN V POTASSIUM ORAL SOLUTION, RECONSTITUTED, ORAL 125 MG/5ML		0.02156	10/01/2017	
PENICILLIN V POTASSIUM ORAL SOLUTION, RECONSTITUTED, ORAL 250 MG/5ML		0.02472	10/01/2017	
PENICILLIN V POTASSIUM ORAL TABLET 250 MG		0.00854	10/01/2017	
PENICILLIN V POTASSIUM ORAL TABLET 500 MG		0.05250	01/01/2019	
PENTAZOCINE HCL/ACETAMINOPHEN ORAL TABLET 25-650MG		0.98273	12/12/2011	
PENTAZOCINE HCL/NALOXONE HCL ORAL TABLET 50MG-0.5MG		1.73423	07/01/2017	
PENTOXIFYLLINE ORAL TABLET, EXTENDED RELEASE 400 MG		0.07636	10/01/2017	
PERINDOPRIL ERBUMINE ORAL TABLET 2 MG		0.56000	04/01/2017	
PERINDOPRIL ERBUMINE ORAL TABLET 4 MG		0.53953	04/01/2017	
PERINDOPRIL ERBUMINE ORAL TABLET 8 MG		0.44392	04/01/2017	
PERMETHRIN MISCELLANEOUS AEROSOL, SPRAY (GRAM) 0.5 %		0.02769	12/12/2011	
PERMETHRIN TOPICAL CREAM (GRAM) 5 %		0.44000	07/01/2019	
PERMETHRIN TOPICAL LIQUID (ML) 1 %		0.09871	04/01/2017	
PERPHENAZINE ORAL TABLET 16 MG		0.76030	01/01/2020	
PERPHENAZINE ORAL TABLET 2 MG		0.41018	10/01/2017	
PERPHENAZINE ORAL TABLET 4 MG		0.34360	04/01/2019	
PERPHENAZINE ORAL TABLET 8 MG		0.39330	01/01/2019	
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 2 MG-10 MG		0.05442	10/01/2017	
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 2 MG-25 MG		1.52987	04/01/2017	
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 4 MG-25 MG		0.22125	10/01/2017	
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 4 MG-50 MG		2.63640	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 4MG-10MG		0.04569	10/01/2017	
PETROLATUM,WHITE TOPICAL JELLY (GRAM)		0.00679	04/01/2017	
PETROLATUM,WHITE TOPICAL OINTMENT (GRAM)		0.04409	04/01/2017	
PETROLATUM,WHITE TOPICAL OINTMENT IN PACKET (GRAM)		0.04391	04/01/2017	
PETROLATUM,WHITE/LANOLIN TOPICAL OINTMENT (GRAM)		0.02712	12/12/2011	
PHENAZOPYRIDINE HCL ORAL TABLET 100 MG		0.51200	01/01/2018	
PHENAZOPYRIDINE HCL ORAL TABLET 200 MG		0.10975	10/01/2017	
PHENAZOPYRIDINE HCL/HYOSCYAMINE/BUTABARBITAL ORAL TABLET 150-0.3-15		1.05577	12/12/2011	
PHENDIMETRAZINE TARTRATE ORAL CAPSULE, EXTENDED RELEASE 105 MG		0.69148	04/01/2017	
PHENDIMETRAZINE TARTRATE ORAL TABLET 35 MG		0.12451	04/01/2017	
PHENELZINE SULFATE ORAL TABLET 15 MG		0.48652	04/01/2017	
PHENOBARBITAL ORAL ELIXIR 20 MG/5 ML		0.11087	04/01/2017	
PHENOBARBITAL ORAL TABLET 100 MG		0.32588	04/01/2017	
PHENOBARBITAL ORAL TABLET 15 MG		0.14652	04/01/2017	
PHENOBARBITAL ORAL TABLET 16.2 MG		0.15638	10/01/2017	
PHENOBARBITAL ORAL TABLET 30 MG		0.06019	10/01/2017	
PHENOBARBITAL ORAL TABLET 32.4 MG		0.34045	10/01/2017	
PHENOBARBITAL ORAL TABLET 60 MG		0.17013	04/01/2017	
PHENOBARBITAL ORAL TABLET 64.8 MG		0.48560	01/01/2019	
PHENOBARBITAL ORAL TABLET 97.2MG		0.77630	07/01/2018	
PHENOBARBITAL SODIUM INJECTION VIAL (ML) 130MG/ML		53.98000	04/01/2017	
PHENOBARBITAL SODIUM INJECTION VIAL (ML) 65 MG/ML		1.36000	04/01/2017	
PHENOBARBITAL/HYOSCYAMINE SULF/ATROPINE SULF/SCOPOLAMINE HB ORAL ELIXIR 16.2MG/5ML		0.01385	09/01/2011	
PHENOBARBITAL/HYOSCYAMINE SULF/ATROPINE SULF/SCOPOLAMINE HB ORAL TABLET 16.2 MG		0.07714	12/12/2011	
PHENOL MUCOUS MEMBRANE AEROSOL, SPRAY (ML) 1.4 %		0.02411	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PHENOXYBENZAMINE HCL ORAL CAPSULE 10 MG		107.87100	04/01/2017	
PHENTERMINE HCL ORAL CAPSULE 15 MG		0.21730	01/01/2019	
PHENTERMINE HCL ORAL CAPSULE 30 MG		0.09668	10/01/2017	
PHENTERMINE HCL ORAL CAPSULE 37.5 MG		0.25421	04/01/2017	
PHENTERMINE HCL ORAL TABLET 37.5 MG		0.06500	07/01/2018	
PHENTERMINE HCL ORAL TABLET 8 MG		0.48333	04/01/2017	
PHENTOLAMINE MESYLATE INJECTION VIAL (EA) 5 MG		425.00000	04/01/2017	
PHENYLEPHRINE HCL INJECTION VIAL (ML) 10 MG/ML		12.00000	04/01/2017	
PHENYLEPHRINE HCL NASAL DROPS 1 %		0.06336	04/01/2017	
PHENYLEPHRINE HCL NASAL SPRAY, NON-AEROSOL (ML) 1 %		0.07567	04/01/2017	
PHENYLEPHRINE HCL OPHTHALMIC DROPS 10 %		8.00000	04/01/2017	
PHENYLEPHRINE HCL OPHTHALMIC DROPS 2.5 %		6.00000	04/01/2017	
PHENYLEPHRINE HCL ORAL TABLET 10 MG		0.04827	04/01/2017	
PHENYLEPHRINE HCL RECTAL SUPPOSITORY, RECTAL 0.25 %		0.13729	04/01/2017	
PHENYLEPHRINE HCL/ACETAMINOPHEN ORAL TABLET 5 MG-325MG		0.08849	04/01/2017	
PHENYLEPHRINE HCL/ACETAMINOPHEN/CHLORPHENIRAMINE ORAL TABLET 5-325-2MG		0.07949	04/01/2017	
PHENYLEPHRINE HCL/ACETAMINOPHEN/CHLORPHENIRAMINE ORAL TABLET, SEQUENTIAL 5-325-2MG		0.08333	04/01/2017	
PHENYLEPHRINE HCL/COCOA BUTTER RECTAL SUPPOSITORY, RECTAL 0.25-88.44		0.17517	04/01/2017	
PHENYLEPHRINE HCL/DEXTROMETHORPHAN HBR/ACETAMINOPHEN/GUAIFEN ORAL LIQUID (ML) 5-325MG/15		0.00904	04/01/2017	
PHENYLEPHRINE HCL/DEXTROMETHORPHAN HBR/ACETAMINOPHEN/GUAIFEN ORAL TABLET 5-325-200		0.11834	04/01/2017	
PHENYLEPHRINE HCL/DIPHENHYDRAMINE HCL ORAL LIQUID (ML) 2.5-6.25/5		0.02025	04/01/2017	
PHENYLEPHRINE HCL/MINERAL OIL/PETROLATUM,WHITE RECTAL OINTMENT WITH APPLICATOR 0.25 %-14%		0.03667	07/01/2019	
PHENYLEPHRINE HCL/PRAMOXINE HCL/GLYCERIN/WHITE PETROLATUM RECTAL CREAM (GRAM) 0.25%-1%		0.05687	04/01/2017	
PHENYLEPHRINE HCL/PROMETHAZINE HCL ORAL SYRUP 5-6.25MG/5		0.12042	07/01/2019	
PHENYLEPHRINE HCL/PYRILAMINE MALEATE ORAL TABLET 10 MG-25MG		0.64560	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PHENYLEPHRINE HCL/SHARK LIVER OIL/MINERAL OIL/WH.PETROLATUM RECTAL OINTMENT (GRAM)		0.04035	04/01/2017	
PHENYLEPHRINE TANNATE/CHLORPHENIRAMINE TANNATE ORAL TABLET 25-9MG		1.26150	12/12/2011	
PHENYTOIN ORAL DISPOSABLE SYRINGE (ML) 100 MG/4ML		0.15675	09/01/2011	
PHENYTOIN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/4ML		1.04000	04/01/2017	
PHENYTOIN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 125 MG/5ML		0.06937	04/01/2017	
PHENYTOIN ORAL TABLET, CHEWABLE 50 MG		0.19360	10/01/2018	
PHENYTOIN SODIUM EXTENDED ORAL CAPSULE 100 MG		0.08020	01/01/2019	
PHENYTOIN SODIUM EXTENDED ORAL CAPSULE 200 MG		0.57419	10/01/2017	
PHENYTOIN SODIUM EXTENDED ORAL CAPSULE 30 MG		0.86983	04/01/2017	
PHENYTOIN SODIUM EXTENDED ORAL CAPSULE 300 MG		0.85526	10/01/2017	
PHENYTOIN SODIUM INTRAVENOUS VIAL (ML) 50 MG/ML		0.27200	04/01/2017	
PHOSPHORATED CARBOHYDRATE (DEXTROSE AMD FRUCTOSE) ORAL SOLUTION, ORAL		0.01622	04/01/2017	
PHYTONADIONE (VIT K1) INJECTION AMPUL (ML) 10 MG/ML		41.09125	04/01/2017	
PHYTONADIONE (VIT K1) INJECTION AMPUL (ML) 1MG/0.5ML		7.72000	04/01/2017	
PHYTONADIONE (VIT K1) INJECTION SYRINGE (ML) 1MG/0.5ML		36.00000	04/01/2017	
PILOCARPINE HCL OPHTHALMIC DROPS 0.5 %		0.24231	12/12/2011	
PILOCARPINE HCL OPHTHALMIC DROPS 1 %		2.38520	10/01/2017	
PILOCARPINE HCL OPHTHALMIC DROPS 2 %		3.33333	07/01/2019	
PILOCARPINE HCL OPHTHALMIC DROPS 3 %		0.38077	12/12/2011	
PILOCARPINE HCL OPHTHALMIC DROPS 4 %		4.73000	01/01/2018	
PILOCARPINE HCL OPHTHALMIC DROPS 6 %		0.60577	12/12/2011	
PILOCARPINE HCL ORAL TABLET 5 MG		0.17557	10/01/2017	
PILOCARPINE HCL ORAL TABLET 7.5 MG		1.04620	01/01/2019	
PIMOZIDE ORAL TABLET 1 MG		1.27510	10/01/2017	
PIMOZIDE ORAL TABLET 2 MG		1.80700	01/01/2020	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PINDOLOL ORAL TABLET 10 MG		0.10050	10/01/2017	
PINDOLOL ORAL TABLET 5 MG		0.12370	10/01/2017	
PIOGLITAZONE HCL ORAL TABLET 15 MG		0.02600	01/01/2019	
PIOGLITAZONE HCL ORAL TABLET 30 MG		0.02844	01/01/2019	
PIOGLITAZONE HCL ORAL TABLET 45 MG		0.01999	07/01/2018	
PIOGLITAZONE HCL/GLIMEPIRIDE ORAL TABLET 30 MG-2 MG		6.57850	04/01/2017	
PIOGLITAZONE HCL/GLIMEPIRIDE ORAL TABLET 30 MG-4 MG		10.75527	04/01/2017	
PIOGLITAZONE HCL/METFORMIN HCL ORAL TABLET 15MG-500MG		1.12650	10/01/2018	
PIOGLITAZONE HCL/METFORMIN HCL ORAL TABLET 15MG-850MG		1.02022	01/01/2018	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL (EA) 13.5 G		48.60000	04/01/2017	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL (EA) 2.25 G		2.68600	10/01/2019	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL (EA) 3.375 G		5.04000	04/01/2017	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL (EA) 4.5 G		5.04200	04/01/2019	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL (EA) 40.5 G		72.90000	04/01/2017	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 2.25 G		5.13000	04/01/2017	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 3.375 G		7.19000	04/01/2017	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 4.5 G		9.21000	04/01/2017	
PIPERONYL BUTOXIDE/PYRETHRINS MISCELLANEOUS AEROSOL, SPRAY (ML)		0.02769	12/12/2011	
PIPERONYL BUTOXIDE/PYRETHRINS TOPICAL SHAMPOO 4%-0.33%		0.03567	04/01/2017	
PIPERONYL BUTOXIDE/PYRETHRINS/PERMETHRIN TOPICAL KIT 4-.33-.5%		7.79076	10/01/2017	
PIROXICAM ORAL CAPSULE 10 MG		0.53490	01/01/2018	
PIROXICAM ORAL CAPSULE 20 MG		0.23350	01/01/2019	
PODOFILOX TOPICAL SOLUTION, NON-ORAL 0.5 %		9.12000	04/01/2017	
PODOPHYLLUM RESIN TOPICAL LIQUID (ML) 25 %		6.02133	10/01/2017	
POLYETHYLENE GLYCOL 3350 MISCELLANEOUS POWDER (GRAM)		0.00513	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
POLYETHYLENE GLYCOL 3350 ORAL POWDER (GRAM) 17G/DOSE		0.01613	04/01/2017	
POLYETHYLENE GLYCOL 3350 ORAL POWDER IN PACKET (EA) 17G		1.27689	07/01/2019	
POLYETHYLENE GLYCOL 400/POLYVINYL ALCOHOL OPHTHALMIC DROPS 1 %-1 %		0.39246	12/12/2011	
POLYMYXIN B SULFATE INJECTION VIAL (EA) 500K UNIT		5.35600	07/01/2019	
POLYMYXIN B SULFATE/TRIMETHOPRIM OPHTHALMIC DROPS 10000-1/ML		0.15377	10/01/2017	
POLYVINYL ALCOHOL OPHTHALMIC DROPS 1.4 %		0.10800	07/01/2018	
POLYVINYL ALCOHOL/POVIDONE OPHTHALMIC DROPS 0.5%-0.6%		0.12464	04/01/2017	
POSACONAZOLE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 100 MG		53.50367	01/01/2020	
POTASSIUM ACETATE INTRAVENOUS VIAL (ML) 2 MEQ/ML		0.01546	10/01/2017	
POTASSIUM BICARBONATE/CITRIC ACID ORAL TABLET, EFFERVESCENT 25 MEQ		0.18933	04/01/2017	
POTASSIUM CHLORIDE IN 0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L		0.00264	04/01/2017	
POTASSIUM CHLORIDE IN 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L		0.00780	10/01/2017	
POTASSIUM CHLORIDE IN 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 40 MEQ/L		0.00300	04/01/2017	
POTASSIUM CHLORIDE IN 5 % DEXTROSE IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L		0.00195	04/01/2017	
POTASSIUM CHLORIDE IN DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L		0.00077	10/01/2017	
POTASSIUM CHLORIDE IN DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 40 MEQ/L		0.00311	04/01/2017	
POTASSIUM CHLORIDE IN DEXTROSE 5 %-0.2 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L		0.00251	04/01/2017	
POTASSIUM CHLORIDE IN DEXTROSE 5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 10 MEQ/L		0.00413	10/01/2017	
POTASSIUM CHLORIDE IN DEXTROSE 5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L		0.00085	10/01/2017	
POTASSIUM CHLORIDE IN DEXTROSE 5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 30 MEQ/L		0.00250	04/01/2017	
POTASSIUM CHLORIDE IN DEXTROSE 5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 40 MEQ/L		0.00234	04/01/2017	
POTASSIUM CHLORIDE IN DEXTROSE 5% AND 0.3 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L		0.00218	04/01/2017	
POTASSIUM CHLORIDE IN LACTATED RINGERS AND 5 % DEXTROSE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L		0.00303	04/01/2017	
POTASSIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 2 MEQ/ML		0.03618	12/12/2011	
POTASSIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 10MEQ/0.1L		0.02890	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
POTASSIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 10MEQ/50ML		0.06324	04/01/2017	
POTASSIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 20MEQ/0.1L		0.02660	04/01/2017	
POTASSIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 20MEQ/50ML		0.05320	04/01/2017	
POTASSIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 40MEQ/0.1L		0.03157	04/01/2017	
POTASSIUM CHLORIDE INTRAVENOUS VIAL (ML) 2 MEQ/ML		0.02424	10/01/2017	
POTASSIUM CHLORIDE ORAL CAPSULE, EXTENDED RELEASE 10 MEQ		0.04560	01/01/2019	
POTASSIUM CHLORIDE ORAL CAPSULE, EXTENDED RELEASE 8 MEQ		0.15000	10/01/2019	
POTASSIUM CHLORIDE ORAL LIQUID (ML) 20MEQ/15ML		0.25812	10/01/2017	
POTASSIUM CHLORIDE ORAL LIQUID (ML) 40MEQ/15ML		0.10532	10/01/2017	
POTASSIUM CHLORIDE ORAL PACKET (EA) 20 MEQ		2.87433	04/01/2017	
POTASSIUM CHLORIDE ORAL PACKET (EA) 25 MEQ		1.30700	12/12/2011	
POTASSIUM CHLORIDE ORAL TABLET, EXT RELEASE, PARTICLES/CRYSTALS 10 MEQ		0.11710	01/01/2019	
POTASSIUM CHLORIDE ORAL TABLET, EXT RELEASE, PARTICLES/CRYSTALS 20 MEQ		0.13698	01/01/2019	
POTASSIUM CHLORIDE ORAL TABLET, EXTENDED RELEASE 10 MEQ		0.15171	01/01/2020	
POTASSIUM CHLORIDE ORAL TABLET, EXTENDED RELEASE 20 MEQ		0.25374	04/01/2017	
POTASSIUM CHLORIDE ORAL TABLET, EXTENDED RELEASE 8 MEQ		0.15500	10/01/2017	
POTASSIUM CHLORIDE/POTASSIUM BICARBONATE/CITRIC ACID ORAL TABLET, EFFERVESCENT 25 MEQ		1.14300	04/01/2017	
POTASSIUM CITRATE ORAL TABLET, EXTENDED RELEASE 10 MEQ		0.57419	10/01/2017	
POTASSIUM CITRATE ORAL TABLET, EXTENDED RELEASE 15 MEQ		0.40120	04/01/2019	
POTASSIUM CITRATE ORAL TABLET, EXTENDED RELEASE 5 MEQ		0.52180	01/01/2020	
POTASSIUM CITRATE/CITRIC ACID ORAL PACKET (EA) 3300-1002		0.68989	12/12/2011	
POTASSIUM CITRATE/CITRIC ACID ORAL SOLUTION, ORAL 1100-334/5		0.07333	04/01/2017	
POTASSIUM PHOS,M-BASIC-D-BASIC INTRAVENOUS VIAL (ML) 3MMOL/ML		0.02705	10/01/2017	
POVIDONE-IODINE TOPICAL OINTMENT (GRAM) 10 %		0.05791	04/01/2017	
POVIDONE-IODINE TOPICAL SOLUTION, NON-ORAL 10 %		0.01634	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PRAMIPEXOLE DI-HCL ORAL TABLET 0.125 MG		0.02100	01/01/2019	
PRAMIPEXOLE DI-HCL ORAL TABLET 0.25 MG		0.01467	01/01/2019	
PRAMIPEXOLE DI-HCL ORAL TABLET 0.5 MG		0.04844	04/01/2017	
PRAMIPEXOLE DI-HCL ORAL TABLET 0.75 MG		0.07931	10/01/2017	
PRAMIPEXOLE DI-HCL ORAL TABLET 1 MG		0.04322	04/01/2017	
PRAMIPEXOLE DI-HCL ORAL TABLET 1.5 MG		0.05722	04/01/2018	
PRAMIPEXOLE DI-HCL ORAL TABLET, EXTENDED RELEASE 24 HR 0.375 MG		9.83333	04/01/2017	
PRAMIPEXOLE DI-HCL ORAL TABLET, EXTENDED RELEASE 24 HR 0.75 MG		11.00233	04/01/2017	
PRAMIPEXOLE DI-HCL ORAL TABLET, EXTENDED RELEASE 24 HR 1.5 MG		9.83333	04/01/2017	
PRAMIPEXOLE DI-HCL ORAL TABLET, EXTENDED RELEASE 24 HR 2.25 MG		9.83333	04/01/2017	
PRAMIPEXOLE DI-HCL ORAL TABLET, EXTENDED RELEASE 24 HR 3 MG		11.93707	04/01/2017	
PRAMIPEXOLE DI-HCL ORAL TABLET, EXTENDED RELEASE 24 HR 3.75 MG		13.13800	04/01/2017	
PRAMIPEXOLE DI-HCL ORAL TABLET, EXTENDED RELEASE 24 HR 4.5 MG		11.82500	04/01/2017	
PRAMOXINE HCL TOPICAL FOAM (GRAM) 1 %		2.66240	04/01/2017	
PRAMOXINE HCL TOPICAL LOTION (ML) 1 %		0.03045	04/01/2017	
PRAMOXINE HCL/CALAMINE TOPICAL LOTION (ML) 1 %-8 %		0.01379	04/01/2017	
PRAMOXINE HCL/CAMPHOR/ZINC ACETATE TOPICAL LOTION (ML)		0.01488	04/01/2017	
PRAMOXINE HCL/ZINC ACETATE TOPICAL LOTION (ML) 1 %-0.1 %		0.01518	04/01/2017	
PRASUGREL HCL ORAL TABLET 10 MG		0.22500	01/01/2019	
PRAVASTATIN SODIUM ORAL TABLET 10 MG		0.03100	07/01/2018	
PRAVASTATIN SODIUM ORAL TABLET 20 MG		0.03322	07/01/2018	
PRAVASTATIN SODIUM ORAL TABLET 40 MG		0.06144	01/01/2019	
PRAVASTATIN SODIUM ORAL TABLET 80 MG		0.08878	07/01/2018	
PRAZOSIN HCL ORAL CAPSULE 1 MG		0.19500	07/01/2018	
PRAZOSIN HCL ORAL CAPSULE 2 MG		0.12864	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PRAZOSIN HCL ORAL CAPSULE 5 MG		0.37754	07/01/2019	
PREDNICARBATE TOPICAL CREAM (GRAM) 0.1 %		1.90416	04/01/2017	
PREDNICARBATE TOPICAL OINTMENT (GRAM) 0.1 %		1.02483	04/01/2017	
PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 1 %		5.00236	07/01/2019	
PREDNISOLONE ORAL SOLUTION, ORAL 15 MG/5 ML		0.04250	04/01/2017	
PREDNISOLONE ORAL TABLET 5 MG		7.22430	04/01/2017	
PREDNISOLONE SOD PHOSPHATE OPHTHALMIC DROPS 1 %		1.06685	10/01/2017	
PREDNISOLONE SOD PHOSPHATE ORAL SOLUTION, ORAL 15 MG/5 ML		0.05667	10/01/2017	
PREDNISOLONE SOD PHOSPHATE ORAL SOLUTION, ORAL 25 MG/5 ML		0.94102	04/01/2017	
PREDNISOLONE SOD PHOSPHATE ORAL SOLUTION, ORAL 5 MG/5 ML		0.17302	10/01/2017	
PREDNISOLONE SOD PHOSPHATE ORAL TABLET,DISINTEGRATING 10 MG		10.41025	04/01/2017	
PREDNISOLONE SOD PHOSPHATE ORAL TABLET,DISINTEGRATING 15 MG		19.17875	04/01/2017	
PREDNISOLONE SOD PHOSPHATE ORAL TABLET,DISINTEGRATING 30 MG		24.65833	04/01/2017	
PREDNISONE ORAL SOLUTION, ORAL 5 MG/5 ML		0.18413	04/01/2017	
PREDNISONE ORAL TABLET 1 MG		0.03080	01/01/2019	
PREDNISONE ORAL TABLET 10 MG		0.04940	01/01/2019	
PREDNISONE ORAL TABLET 2.5 MG		0.03518	10/01/2017	
PREDNISONE ORAL TABLET 20 MG		0.03517	10/01/2017	
PREDNISONE ORAL TABLET 5 MG		0.00868	10/01/2017	
PREDNISONE ORAL TABLET 50 MG		0.23081	04/01/2017	
PREDNISONE ORAL TABLET, DOSE PACK 10 MG		0.10896	10/01/2017	
PREDNISONE ORAL TABLET, DOSE PACK 5 MG		0.09667	10/01/2017	
PREGABALIN ORAL CAPSULE 100 MG		0.19648	10/01/2019	
PREGABALIN ORAL CAPSULE 150 MG		0.19256	01/01/2020	
PREGABALIN ORAL CAPSULE 200 MG		0.19745	10/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PREGABALIN ORAL CAPSULE 225 MG		0.24931	10/01/2019	
PREGABALIN ORAL CAPSULE 25 MG		0.11111	01/01/2020	
PREGABALIN ORAL CAPSULE 300 MG		0.24041	10/01/2019	
PREGABALIN ORAL CAPSULE 50 MG		0.15800	10/01/2019	
PREGABALIN ORAL CAPSULE 75 MG		0.18727	10/01/2019	
PREGABALIN ORAL SOLUTION, ORAL 20 MG/ML		0.14000	10/01/2019	
PRENATAL VIT 55/IRON BISGLY HCL,SUC-PROT/FOLIC ACID/OMEGA-3 ORAL COMBINATION PACKAGE, TABLET AND DR CAP 29-1-430MG		0.49783	04/01/2017	
PRENATAL VIT NO.16/IRON FUM,PS COMPLEX/FOLIC ACID/OMEGA-3 ORAL CAPSULE 35-1-200MG		0.63168	10/01/2017	
PRENATAL VIT NO.19/IRON BG HCL,SUC-PROT/FOLIC ACID/OMEGA-3 ORAL COMBINATION PACKAGE, TABLET AND DR CAP 29-1-400MG		0.53083	04/01/2017	
PRENATAL VIT NO.2/IRON BG CHEL,SUCC-PROT/FOLIC ACID/OMEGA-3 ORAL COMBINATION PACKAGE (EA) 29-1-250MG		0.35240	04/01/2017	
PRENATAL VIT NO.21/IRON POLYSACCH,HEME POLYPEP/FOLIC ACID ORAL TABLET 28-6-1 MG		1.41211	04/01/2017	
PRENATAL VIT NO.22/IRON CBN,GLUCON/FOLIC ACID/DOCUSATE/DHA ORAL COMBINATION PACKAGE (EA) 27-1-50 MG		0.75050	04/01/2017	
PRENATAL VIT NO.72/IRON CARBONY,GLUC/FOLIC ACID/DOCUSATE/DHA ORAL COMBINATION PACKAGE (EA) 90-1-300MG		1.30583	04/01/2017	
PRENATAL VIT NO.73/IRON CARBONY,GLUC/FOLIC ACID/DOCUSATE/DHA ORAL COMBINATION PACKAGE (EA) 35-1-50 MG		1.26033	04/01/2017	
PRENATAL VIT NO.81/SOD.FEREDETATE-IRON PS/FOLIC ACID/OMEGA-3 ORAL COMBINATION PACKAGE, TABLET AND DR CAP 27-1-430MG		1.21200	04/01/2017	
PRENATAL VIT WITH CALCIUM #34/IRON/FOLIC ACID ORAL TABLET,EXTENDED RELEASE MULTIPHASE 24 HR 28 MG-1 MG		0.20988	12/12/2011	
PRENATAL VIT WITH CALCIUM NO. 40/IRON FUMARATE/FA CMB NO.1 ORAL TABLET 27 MG-1 MG		1.23151	10/01/2017	
PRENATAL VIT WITH CALCIUM NO.37/IRON,ASPG/FOLIC ACID/OMEGA-3 ORAL CAPSULE 27-1-330MG		0.76089	04/01/2017	
PRENATAL VIT WITH CALCIUM NO.68/IRON FUM/FOLIC ACID NO.1/DHA ORAL CAPSULE 28-1-300MG		1.27300	01/01/2019	
PRENATAL VIT WITH CALCIUM NO.69/IRON/FOLIC ACID/DOCUSATE/DHA ORAL CAPSULE 27-1-50 MG		1.04600	04/01/2017	
PRENATAL VIT WITH CALCIUM NO.69/IRON/FOLIC ACID/DOCUSATE/DHA ORAL CAPSULE 28-1-50 MG		1.36900	04/01/2017	
PRENATAL VIT,CALCIUM NO.35/IRON/FOLIC ACID/DOCUSATE/OMEGA-3 ORAL CAPSULE 27-1-50 MG		0.08682	10/01/2017	
PRENATAL VIT/FOLIC ACID/B6/CALCIUM PHOSPH DI,TRIBASIC/GINGER ORAL TABLET 1.2-40-100		0.70833	04/01/2017	
PRENATAL VITAMIN 27 WITH CALCIUM/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 60 MG-1 MG		0.16800	10/01/2018	
PRENATAL VITAMIN NO.15/IRON FUMARATE,POLYSAC COMP/FOLIC ACID ORAL CAPSULE 85 MG-1 MG		0.64513	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PRENATAL VITAMIN NO.15//IRON,CARBONYL/FOLIC ACID/DOCUSATE SOD ORAL TABLET 90-1-50 MG		0.14689	04/01/2017	
PRENATAL VITAMIN NO.16//IRON,CARBONYL/FOLIC ACID/DOCUSATE SOD ORAL TABLET 90-1-50 MG		0.15789	04/01/2017	
PRENATAL VITAMIN NO.19//IRON POLYSAC,IRON HEME/FOLIC ACID/DHA ORAL CAPSULE 22-6-1-200		2.32800	04/01/2017	
PRENATAL VITAMIN NO.48//IRON,CARBONYL, GLUCONATE/FOLIC ACID/B6 ORAL TABLET, SEQUENTIAL 20-1-25 MG		0.59800	04/01/2017	
PRENATAL VITAMIN NO.57//IRON FUM/FOLIC ACID/DSS/DHA ORAL CAPSULE 29-1.25-55		2.13200	04/01/2017	
PRENATAL VITAMIN NO.86//IRON BIS-GLYCINATE/FOLIC ACID ORAL TABLET 32 MG-1 MG		1.01711	04/01/2017	
PRENATAL VITAMIN W-O VIT A/FERROUS FUMARATE/FOLIC ACID ORAL TABLET, CHEWABLE 40-1MG		1.13596	12/12/2011	
PRENATAL VITAMINS COMB NO.115//IRON FUMARATE/FOLIC ACID/DSS ORAL TABLET 29-1-25 MG		0.40080	04/01/2017	
PRENATAL VITAMINS COMB NO.53//IRON B-G HCL SUC-P/FA/OMEGA-3 ORAL COMBINATION PACKAGE (EA) 29-1-400MG		0.39767	10/01/2017	
PRENATAL VITAMINS COMB NO.54//IRON B-G HCL SUC-P/FA/OMEGA-3 ORAL COMBINATION PACKAGE (EA) 29-1-430MG		0.43416	04/01/2017	
PRENATAL VITAMINS COMB NO.7//FE ASP GLY/DOCUSATE/FOLIC ACID ORAL TABLET 30-50-1MG		1.20762	12/12/2011	
PRENATAL VITAMINS COMB NO.71//FERROUS FUMARATE/FOLIC ACID ORAL TABLET 27 MG-1 MG		0.07605	09/01/2011	
PRENATAL VITAMINS COMB NO.87//IRON BISGLY/FOLIC ACID/DHA ORAL COMBINATION PACKAGE (EA) 32-1-230MG		0.71083	04/01/2017	
PRENATAL VITAMINS COMBO NO.14//FERROUS FUMARATE/FOLIC ACID ORAL TABLET, CHEWABLE 29 MG-1 MG		0.23154	10/01/2017	
PRENATAL VITAMINS COMBO NO.34//IRON,CARB/FOLIC ACID/DSS/DHA ORAL CAPSULE 30-1-50 MG		1.69066	04/01/2017	
PRENATAL VITAMINS COMBO NO.59//IRON,CARB/FOLIC ACID/DSS/DHA ORAL CAPSULE 29-1-50 MG		1.75866	04/01/2017	
PRENATAL VITAMINS NO.11//FERROUS FUMARATE/FOLIC ACID/OMEGA-3 ORAL CAPSULE 28-1-200MG		2.00007	04/01/2017	
PRENATAL VITAMINS NO.22//IRON CBN & GLUC/FOLIC ACID/DSS ORAL TABLET 27-1-50MG		0.46292	12/12/2011	
PRENATAL VITAMINS NO.5//FERROUS FUMARATE/FOLIC ACID ORAL CAPSULE 106.5-1MG		0.56290	04/01/2017	
PRENATAL VITAMINS/FERROUS FUMARATE/DOCUSATE/FOLIC ACID ORAL TABLET 29 MG-1 MG		0.33288	12/12/2011	
PRENATAL VITAMINS/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 27 MG-1 MG		0.08451	12/12/2011	
PRENATAL VITAMINS/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 27MG-0.8MG		0.08377	12/12/2011	
PRENATAL VITAMINS/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 28MG-0.8MG		0.08371	12/12/2011	
PRENATAL VITAMINS/FERROUS FUMARATE/FOLIC ACID ORAL TABLET, CHEWABLE 29 MG-1 MG		0.34558	12/12/2011	
PRENATAL VITAMINS//IRON,CARBONYL/DOCUSATE/FOLIC ACID ORAL TABLET 90-50-1MG		0.18750	12/12/2011	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PRENATAL VITS NO.119/IRON FUMARATE/FOLIC ACID/DOCUSATE SOD. ORAL TABLET 29-1-25 MG		0.43050	10/01/2018	
PRENATAL VITS W-O CA COMB. NO. 7 W/ IRON & FOLIC ACID & DHA ORAL CAPSULE (HARD, SOFT, ETC.) 28-1.25MG		1.62300	12/12/2011	
PRENATAL VITS WITH CALCIUM #74/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 27 MG-1 MG		0.05662	10/01/2017	
PRENATAL VITS WITH CALCIUM #76/IRON,CARBONYL/FOLIC ACID ORAL TABLET 29 MG-1 MG		0.13802	10/01/2017	
PRENATAL VITS WITH CALCIUM #78/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 29 MG-1 MG		0.12050	10/01/2017	
PRENATAL VITS WITH CALCIUM 118/FERROUS FUMARATE/FOLIC ACID ORAL TABLET,CHEWABLE 29 MG-1 MG		0.19280	04/01/2019	
PRENATAL VITS WITH CALCIUM 47/FERROUS FUM/FOLATE NO.1/DHA ORAL CAPSULE 27-1-300MG		0.81153	04/01/2017	
PRENATAL VITS WITH CALCIUM 70/FERROUS FUMARATE/FOLIC AC/DHA ORAL CAPSULE 28-1-250MG		3.37466	04/01/2017	
PRENATAL VITS WITH CALCIUM 72/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 27 MG-1 MG		0.07590	04/01/2017	
PRENATAL VITS WITH CALCIUM 73/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 28 MG-1 MG		0.39850	04/01/2017	
PRENATAL VITS WITH CALCIUM NO.80/IRON FUM/FOLIC ACID/DSS/DHA ORAL CAPSULE 29-1.25-55		1.97266	04/01/2017	
PRENATAL VITS,CALCIUM NO.39/IRON FUM/FOLIC ACID/DOCUSATE/DHA ORAL CAPSULE 30-1.2-55		1.12166	04/01/2017	
PRENATAL VITS,CALCIUM NO.66/IRON FUM/FOLIC ACID/DOCUSATE/DHA ORAL CAPSULE 26-1.2-55		1.15633	04/01/2017	
PRENATAL VITS,CALCIUM NO.66/IRON FUM/FOLIC ACID/DOCUSATE/DHA ORAL CAPSULE 27-1.25-55		0.53556	04/01/2017	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 MG		1.33780	04/01/2017	
PRIMIDONE ORAL TABLET 250 MG		0.08543	10/01/2017	
PRIMIDONE ORAL TABLET 50 MG		0.05160	01/01/2019	
PROBENECID ORAL TABLET 500 MG		0.37000	07/01/2018	
PROBENECID/COLCHICINE ORAL TABLET 500-0.5 MG		0.57437	04/01/2017	
PROCAINAMIDE HCL INJECTION VIAL (ML) 100 MG/ML		7.89300	04/01/2017	
PROCAINAMIDE HCL INJECTION VIAL (ML) 500 MG/ML		32.75000	04/01/2017	
PROCAINAMIDE HCL INTRAVENOUS SYRINGE (ML) 100 MG/ML		8.50000	04/01/2017	
PROCHLORPERAZINE EDISYLATE INJECTION VIAL (ML) 10 MG/2 ML		9.06500	04/01/2017	
PROCHLORPERAZINE EDISYLATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 5 MG/ML		1.21154	12/12/2011	
PROCHLORPERAZINE MALEATE ORAL TABLET 10 MG		0.04020	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PROCHLORPERAZINE MALEATE ORAL TABLET 5 MG		0.04600	04/01/2017	
PROCHLORPERAZINE RECTAL SUPPOSITORY, RECTAL 25 MG		6.06167	01/01/2020	
PROGESTERONE INTRAMUSCULAR VIAL (ML) 50 MG/ML		1.52800	07/01/2018	
PROGESTERONE, MICRONIZED ORAL CAPSULE 100 MG		0.36080	07/01/2018	
PROGESTERONE, MICRONIZED ORAL CAPSULE 200 MG		0.62600	01/01/2018	
PROGESTERONE, MICRONIZED MISCELLANEOUS POWDER (GRAM) 100 %		0.43200	12/12/2011	
PROMETHAZINE HCL INJECTION AMPUL (ML) 25 MG/ML		1.31213	04/01/2017	
PROMETHAZINE HCL INJECTION AMPUL (ML) 50 MG/ML		1.39510	10/01/2017	
PROMETHAZINE HCL INJECTION VIAL (ML) 25 MG/ML		1.23466	04/01/2017	
PROMETHAZINE HCL INJECTION VIAL (ML) 50 MG/ML		2.20840	04/01/2017	
PROMETHAZINE HCL ORAL SYRUP 6.25MG/5ML		0.01240	10/01/2017	
PROMETHAZINE HCL ORAL TABLET 12.5 MG		0.05499	04/01/2017	
PROMETHAZINE HCL ORAL TABLET 25 MG		0.03240	04/01/2017	
PROMETHAZINE HCL ORAL TABLET 50 MG		0.05111	04/01/2017	
PROMETHAZINE HCL RECTAL SUPPOSITORY, RECTAL 12.5 MG		0.87184	10/01/2017	
PROMETHAZINE HCL RECTAL SUPPOSITORY, RECTAL 25 MG		4.83000	10/01/2019	
PROMETHAZINE HCL RECTAL SUPPOSITORY, RECTAL 50 MG		26.40250	04/01/2017	
PROMETHAZINE HCL/CODEINE ORAL SYRUP 6.25-10/5		0.01196	04/01/2017	
PROMETHAZINE HCL/DEXTROMETHORPHAN HBR ORAL SYRUP 6.25-15/5		0.00846	04/01/2017	
PROMETHAZINE/PHENYLEPHRINE HCL/CODEINE ORAL SYRUP 6.25-5-10		0.01101	01/01/2018	
PROPAFENONE HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 225 MG		3.45893	04/01/2017	
PROPAFENONE HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 325 MG		3.86333	01/01/2018	
PROPAFENONE HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 425 MG		2.29167	07/01/2019	
PROPAFENONE HCL ORAL TABLET 150 MG		0.11450	10/01/2017	
PROPAFENONE HCL ORAL TABLET 225 MG		0.18555	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PROPAFENONE HCL ORAL TABLET 300 MG		0.45365	04/01/2017	
PROPANTHELINE BROMIDE ORAL TABLET 15 MG		0.59402	04/01/2017	
PROPARACAINE HCL OPHTHALMIC DROPS 0.5 %		0.14003	10/01/2017	
PROPOFOL INTRAVENOUS VIAL (ML) 10 MG/ML		0.28000	04/01/2017	
PROPOXYPHENE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 65 MG		0.17597	12/12/2011	
PROPOXYPHENE HCL/ACETAMINOPHEN ORAL TABLET 65MG-650MG		0.19477	12/12/2011	
PROPOXYPHENE NAPSYL/ACETAMINOPHEN ORAL TABLET 100-650 MG		0.05218	12/12/2011	
PROPRANOLOL HCL INTRAVENOUS VIAL (ML) 1 MG/ML		8.00000	04/01/2017	
PROPRANOLOL HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG		0.46773	10/01/2017	
PROPRANOLOL HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 160 MG		0.35770	01/01/2019	
PROPRANOLOL HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 60 MG		0.32273	10/01/2019	
PROPRANOLOL HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 80 MG		0.36385	10/01/2019	
PROPRANOLOL HCL ORAL SOLUTION, ORAL 20 MG/5 ML		0.09318	04/01/2017	
PROPRANOLOL HCL ORAL SOLUTION, ORAL 40MG/5ML		0.13571	04/01/2017	
PROPRANOLOL HCL ORAL TABLET 10 MG		0.07000	01/01/2019	
PROPRANOLOL HCL ORAL TABLET 20 MG		0.02100	10/01/2017	
PROPRANOLOL HCL ORAL TABLET 40 MG		0.14260	07/01/2017	
PROPRANOLOL HCL ORAL TABLET 60 MG		0.55000	04/01/2017	
PROPRANOLOL HCL ORAL TABLET 80 MG		0.04201	10/01/2017	
PROPRANOLOL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 40 MG-25MG		0.05960	10/01/2017	
PROPRANOLOL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 80 MG-25MG		0.09045	10/01/2017	
PROPYLENE GLYCOL/POLYETHYLENE GLYCOL 400 OPHTHALMIC DROPS 0.3 %-0.4%		0.12464	04/01/2017	
PROPYLTHIOURACIL ORAL TABLET 50 MG		0.33768	10/01/2017	
PROTAMINE SULFATE INTRAVENOUS VIAL (ML) 10 MG/ML		0.89840	04/01/2017	
PROTRIPTYLINE HCL ORAL TABLET 10 MG		1.23085	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PROTRIPTYLINE HCL ORAL TABLET 5 MG		1.02668	04/01/2017	
PSEUDOEPHEDRINE HCL ORAL LIQUID (ML) 15 MG/5 ML		0.01346	04/01/2017	
PSEUDOEPHEDRINE HCL ORAL LIQUID (ML) 30 MG/5 ML		0.00668	04/01/2017	
PSEUDOEPHEDRINE HCL ORAL SYRUP 30 MG/5 ML		0.02135	12/12/2011	
PSEUDOEPHEDRINE HCL ORAL TABLET 30 MG		0.04161	04/01/2017	
PSEUDOEPHEDRINE HCL ORAL TABLET 60 MG		0.03220	04/01/2017	
PSEUDOEPHEDRINE HCL ORAL TABLET, EXTENDED RELEASE 120 MG		0.21415	10/01/2017	
PSEUDOEPHEDRINE HCL/CODEINE PHOSPHATE/GUAIFENESIN ORAL SYRUP 30-10-100		0.19437	04/01/2017	
PSEUDOEPHEDRINE HCL/CODEINE/CHLORPHENIRAMINE ORAL LIQUID (ML) 30-10-2/5		0.09665	04/01/2017	
PSEUDOEPHEDRINE HCL/TRIPROLIDINE HCL ORAL SYRUP 30-1.25/5		0.00854	12/12/2011	
PSYLLIUM HUSK (WITH SUGAR) ORAL POWDER (GRAM) 3.4 G/12 G		0.00888	04/01/2017	
PSYLLIUM HUSK (WITH SUGAR) ORAL POWDER (GRAM) 3.4 G/7 G		0.01273	04/01/2017	
PSYLLIUM HUSK (WITH SUGAR) ORAL POWDER (GRAM) 3.4G/11G		0.00943	04/01/2017	
PSYLLIUM HUSK (WITH SUGAR) ORAL POWDER IN PACKET (EA) 3.4 G		0.21620	04/01/2017	
PSYLLIUM HUSK ORAL CAPSULE 0.52G		0.04047	04/01/2017	
PSYLLIUM HUSK/ASPARTAME ORAL POWDER (GRAM) 3.4G/5.8G		0.01695	04/01/2017	
PSYLLIUM SEED (WITH DEXTROSE) ORAL POWDER (GRAM)		0.01267	04/01/2017	
PSYLLIUM SEED (WITH SUGAR) ORAL PACKET (EA)		0.26446	12/12/2011	
PSYLLIUM SEED (WITH SUGAR) ORAL POWDER (GRAM)		0.01324	04/01/2017	
PSYLLIUM SEED ORAL PACKET (EA)		0.26406	12/12/2011	
PSYLLIUM SEED ORAL POWDER (GRAM)		0.01959	04/01/2017	
PSYLLIUM SEED/ASPARTAME ORAL POWDER (GRAM)		0.01985	12/12/2011	
PYRAZINAMIDE ORAL TABLET 500 MG		0.90008	10/01/2017	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 60 MG		0.14670	01/01/2019	
PYRIDOSTIGMINE BROMIDE ORAL TABLET, EXTENDED RELEASE 180 MG		11.08162	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
PYRIDOXINE HCL (VITAMIN B6) INJECTION VIAL (ML) 100 MG/ML		15.20000	04/01/2017	
PYRIDOXINE HCL ORAL TABLET 100 MG		0.03012	12/12/2011	
PYRIDOXINE HCL ORAL TABLET 25 MG		0.02151	12/12/2011	
PYRIDOXINE HCL ORAL TABLET 50 MG		0.02446	12/12/2011	
QUETIAPINE FUMARATE ORAL TABLET 100 MG		0.03100	07/01/2018	
QUETIAPINE FUMARATE ORAL TABLET 200 MG		0.06500	01/01/2019	
QUETIAPINE FUMARATE ORAL TABLET 25 MG		0.01990	10/01/2017	
QUETIAPINE FUMARATE ORAL TABLET 300 MG		0.08867	04/01/2017	
QUETIAPINE FUMARATE ORAL TABLET 400 MG		0.04417	04/01/2017	
QUETIAPINE FUMARATE ORAL TABLET 50 MG		0.01850	01/01/2019	
QUETIAPINE FUMARATE ORAL TABLET, EXTENDED RELEASE 24 HR 150 MG		0.33000	07/01/2019	
QUETIAPINE FUMARATE ORAL TABLET, EXTENDED RELEASE 24 HR 200 MG		0.25400	01/01/2020	
QUETIAPINE FUMARATE ORAL TABLET, EXTENDED RELEASE 24 HR 300 MG		0.22456	07/01/2019	
QUETIAPINE FUMARATE ORAL TABLET, EXTENDED RELEASE 24 HR 400 MG		0.22500	01/01/2019	
QUETIAPINE FUMARATE ORAL TABLET, EXTENDED RELEASE 24 HR 50 MG		0.11959	07/01/2019	
QUINAPRIL HCL ORAL TABLET 10 MG		0.09217	04/01/2017	
QUINAPRIL HCL ORAL TABLET 20 MG		0.05000	01/01/2019	
QUINAPRIL HCL ORAL TABLET 40 MG		0.05522	01/01/2019	
QUINAPRIL HCL ORAL TABLET 5 MG		0.09536	04/01/2017	
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG		0.31377	10/01/2017	
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20 MG-25MG		0.23233	04/01/2017	
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG		0.33362	04/01/2017	
QUINIDINE GLUCONATE INJECTION VIAL (ML) 80 MG/ML		1.79700	04/01/2017	
QUINIDINE GLUCONATE ORAL TABLET, EXTENDED RELEASE 324 MG		0.40432	10/01/2017	
QUINIDINE SULFATE ORAL TABLET 200 MG		0.24650	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
QUINIDINE SULFATE ORAL TABLET 300 MG		0.19752	04/01/2017	
QUINIDINE SULFATE ORAL TABLET, EXTENDED RELEASE 300 MG		0.77273	12/12/2011	
QUININE SULFATE ORAL CAPSULE 324 MG		2.16667	07/01/2018	
RABEPRAZOLE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 20 MG		0.25267	01/01/2019	
RALOXIFENE HCL ORAL TABLET 60 MG		0.33300	01/01/2019	
RAMELTEON ORAL TABLET 8 MG		3.03167	01/01/2020	
RAMIPRIL ORAL CAPSULE 1.25 MG		0.07507	10/01/2017	
RAMIPRIL ORAL CAPSULE 10 MG		0.05050	04/01/2018	
RAMIPRIL ORAL CAPSULE 2.5 MG		0.03457	10/01/2017	
RAMIPRIL ORAL CAPSULE 5 MG		0.02820	01/01/2019	
RANITIDINE HCL INJECTION VIAL (ML) 25 MG/ML		6.18833	04/01/2017	
RANITIDINE HCL INJECTION VIAL (ML) 50 MG/2 ML		1.67333	10/01/2017	
RANITIDINE HCL ORAL CAPSULE 150 MG		0.20603	10/01/2017	
RANITIDINE HCL ORAL CAPSULE 300 MG		0.81033	01/01/2019	
RANITIDINE HCL ORAL SYRUP 15 MG/ML		0.01482	07/01/2017	
RANITIDINE HCL ORAL TABLET 150 MG		0.01759	10/01/2017	
RANITIDINE HCL ORAL TABLET 300 MG		0.05680	01/01/2019	
RANITIDINE HCL ORAL TABLET 75 MG		0.05750	01/01/2018	
RANOLAZINE ORAL TABLET, EXTENDED RELEASE 12 HR 1000 MG		0.94667	01/01/2020	
RANOLAZINE ORAL TABLET, EXTENDED RELEASE 12 HR 500 MG		0.55752	01/01/2020	
RASAGILINE MESYLATE ORAL TABLET 0.5 MG		2.65200	10/01/2019	
RASAGILINE MESYLATE ORAL TABLET 1 MG		4.40000	01/01/2020	
REPAGLINIDE ORAL TABLET 0.5 MG		0.06740	01/01/2019	
REPAGLINIDE ORAL TABLET 1 MG		0.06840	01/01/2019	
REPAGLINIDE ORAL TABLET 2 MG		0.06740	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
REPAGLINIDE/METFORMIN HCL ORAL TABLET 1MG-500MG		4.91570	04/01/2017	
REPAGLINIDE/METFORMIN HCL ORAL TABLET 2 MG-500MG		4.91570	04/01/2017	
RIBAVIRIN INHALATION VIAL, NEBULIZER (EA) 6 G		23000.00000	04/01/2017	
RIBAVIRIN ORAL CAPSULE 200 MG		0.38632	10/01/2017	
RIBAVIRIN ORAL TABLET 200 MG		0.57662	04/01/2017	
RIBAVIRIN ORAL TABLET, DOSE PACK 200-400(7)		13.04392	04/01/2017	
RIBAVIRIN ORAL TABLET, DOSE PACK 400-400(7)		13.73035	04/01/2017	
RIBAVIRIN ORAL TABLET, DOSE PACK 600-400(7)		17.16321	04/01/2017	
RIBAVIRIN ORAL TABLET, DOSE PACK 600-600(7)		20.59553	04/01/2017	
RIFABUTIN ORAL CAPSULE 150 MG		13.58362	04/01/2017	
RIFAMPIN INTRAVENOUS VIAL (EA) 600 MG		108.00000	04/01/2017	
RIFAMPIN ORAL CAPSULE 150 MG		0.76070	04/01/2017	
RIFAMPIN ORAL CAPSULE 300 MG		0.48100	01/01/2018	
RILUZOLE ORAL TABLET 50 MG		1.36333	07/01/2018	
RIMANTADINE HCL ORAL TABLET 100 MG		0.85502	10/01/2017	
RINGERS SOLUTION INTRAVENOUS INTRAVENOUS SOLUTION		0.00200	04/01/2017	
RINGERS SOLUTION IRRIGATION SOLUTION, IRRIGATION		0.00284	04/01/2017	
RINGERS SOLUTION,LACTATED INTRAVENOUS INTRAVENOUS SOLUTION		0.00155	10/01/2017	
RINGERS SOLUTION,LACTATED IRRIGATION SOLUTION, IRRIGATION		0.00295	04/01/2017	
RISEDRONATE SODIUM ORAL TABLET 150 MG		29.14556	01/01/2020	
RISEDRONATE SODIUM ORAL TABLET 30 MG		27.45000	04/01/2017	
RISEDRONATE SODIUM ORAL TABLET 35 MG		4.77875	01/01/2020	
RISEDRONATE SODIUM ORAL TABLET 5 MG		4.81408	10/01/2017	
RISEDRONATE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 35 MG		21.54250	07/01/2018	
RISPERIDONE ORAL SOLUTION, ORAL 1 MG/ML		0.07167	04/01/2018	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
RISPERIDONE ORAL TABLET 0.25 MG		0.01568	10/01/2017	
RISPERIDONE ORAL TABLET 0.5 MG		0.02500	07/01/2017	
RISPERIDONE ORAL TABLET 1 MG		0.02583	10/01/2017	
RISPERIDONE ORAL TABLET 2 MG		0.02018	01/01/2019	
RISPERIDONE ORAL TABLET 3 MG		0.02567	01/01/2019	
RISPERIDONE ORAL TABLET 4 MG		0.03444	07/01/2018	
RISPERIDONE ORAL TABLET,DISINTEGRATING 0.25 MG		2.41973	10/01/2017	
RISPERIDONE ORAL TABLET,DISINTEGRATING 0.5 MG		0.52367	10/01/2019	
RISPERIDONE ORAL TABLET,DISINTEGRATING 1 MG		0.48786	04/01/2018	
RISPERIDONE ORAL TABLET,DISINTEGRATING 2 MG		1.44976	01/01/2020	
RISPERIDONE ORAL TABLET,DISINTEGRATING 3 MG		1.15500	01/01/2020	
RISPERIDONE ORAL TABLET,DISINTEGRATING 4 MG		8.10550	04/01/2017	
RITONAVIR ORAL TABLET 100 MG		1.33333	10/01/2019	
RIVASTIGMINE TARTRATE ORAL CAPSULE 1.5 MG		0.09000	01/01/2019	
RIVASTIGMINE TARTRATE ORAL CAPSULE 3 MG		0.09000	01/01/2019	
RIVASTIGMINE TARTRATE ORAL CAPSULE 4.5 MG		0.11583	07/01/2019	
RIVASTIGMINE TARTRATE ORAL CAPSULE 6 MG		0.10250	10/01/2019	
RIVASTIGMINE TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 13.3MG/24H		3.94122	10/01/2019	
RIVASTIGMINE TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 4.6MG/24HR		4.11433	07/01/2019	
RIVASTIGMINE TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 9.5MG/24HR		3.99967	01/01/2020	
RIZATRIPTAN BENZOATE ORAL TABLET 10 MG		0.55556	07/01/2018	
RIZATRIPTAN BENZOATE ORAL TABLET 5 MG		0.61611	10/01/2019	
RIZATRIPTAN BENZOATE ORAL TABLET,DISINTEGRATING 10 MG		0.59194	10/01/2019	
RIZATRIPTAN BENZOATE ORAL TABLET,DISINTEGRATING 5 MG		0.55500	10/01/2019	
ROCURONIUM BROMIDE INTRAVENOUS VIAL (ML) 10 MG/ML		0.70000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ROPINIROLE HCL ORAL TABLET 0.25 MG		0.01211	10/01/2017	
ROPINIROLE HCL ORAL TABLET 0.5 MG		0.03105	10/01/2017	
ROPINIROLE HCL ORAL TABLET 1 MG		0.02800	01/01/2019	
ROPINIROLE HCL ORAL TABLET 2 MG		0.06085	07/01/2019	
ROPINIROLE HCL ORAL TABLET 3 MG		0.06500	07/01/2018	
ROPINIROLE HCL ORAL TABLET 4 MG		0.06920	04/01/2019	
ROPINIROLE HCL ORAL TABLET 5 MG		0.08498	04/01/2017	
ROPINIROLE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 12 MG		6.05880	04/01/2017	
ROPINIROLE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 2 MG		0.74883	01/01/2020	
ROPINIROLE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 4 MG		1.18656	10/01/2017	
ROPINIROLE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 6 MG		4.45133	04/01/2017	
ROPINIROLE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 8 MG		1.88900	10/01/2019	
ROPIVACAINE HCL/PF INJECTION INFUSION BOTTLE (ML) 2 MG/ML		0.40000	04/01/2017	
ROPIVACAINE HCL/PF INJECTION VIAL (ML) 10 MG/ML		0.34200	04/01/2017	
ROPIVACAINE HCL/PF INJECTION VIAL (ML) 2 MG/ML		0.15100	04/01/2017	
ROPIVACAINE HCL/PF INJECTION VIAL (ML) 5 MG/ML		0.20000	04/01/2017	
ROPIVACAINE HCL/PF INJECTION VIAL (ML) 7.5 MG/ML		0.31200	04/01/2017	
ROSUVASTATIN CALCIUM ORAL TABLET 10 MG		0.04022	07/01/2018	
ROSUVASTATIN CALCIUM ORAL TABLET 20 MG		0.03411	01/01/2019	
ROSUVASTATIN CALCIUM ORAL TABLET 40 MG		0.03767	01/01/2019	
ROSUVASTATIN CALCIUM ORAL TABLET 5 MG		0.03333	01/01/2019	
SACCHARIN MISCELLANEOUS POWDER (GRAM)		0.11077	12/12/2011	
SALICYLIC ACID TOPICAL CREAM (GRAM) 6 %		0.04356	04/01/2017	
SALICYLIC ACID TOPICAL CREAM, EXTENDED RELEASE (GRAM) 6 %		0.19673	12/12/2011	
SALICYLIC ACID TOPICAL FILM-FORMING LIQUID WITH APPLICATOR 27.5 %		7.02400	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
SALICYLIC ACID TOPICAL GEL (GRAM) 17 %		1.23571	04/01/2017	
SALICYLIC ACID TOPICAL LIQUID (ML) 17 %		0.13773	04/01/2017	
SALICYLIC ACID TOPICAL LIQUID (ML) 26 %		6.00600	04/01/2017	
SALICYLIC ACID TOPICAL LIQUID (ML) 3 %		0.04540	04/01/2017	
SALICYLIC ACID TOPICAL LOTION (ML) 6 %		0.09229	04/01/2017	
SALICYLIC ACID TOPICAL LOTION, EXTENDED RELEASE (ML) 6 %		0.10145	12/12/2011	
SALICYLIC ACID TOPICAL OINTMENT (GRAM) 3 %		28.86666	04/01/2017	
SALICYLIC ACID TOPICAL SHAMPOO 3 %		0.04475	04/01/2017	
SALICYLIC ACID TOPICAL SHAMPOO 6 %		0.11643	04/01/2017	
SALICYLIC ACID/CERAMIDES 1,3,6-11 TOPICAL COMBINATION PACKAGE (ML) 6 %		0.12770	04/01/2017	
SALICYLIC ACID/CERAMIDES 1,3,6-11 TOPICAL KIT, CLEANSER AND CREAM ER 6 %		760.38000	04/01/2017	
SALICYLIC ACID/COLLODION, FLEXIBLE TOPICAL LIQUID (ML) 17 %		1.06466	04/01/2017	
SALICYLIC ACID/SULFUR TOPICAL SHAMPOO 2 %-2 %		0.02106	04/01/2017	
SALSALATE ORAL TABLET 500 MG		0.03826	10/01/2017	
SALSALATE ORAL TABLET 750 MG		0.30100	10/01/2017	
SCOPOLAMINE HYDROBROMIDE INJECTION VIAL (ML) 0.4 MG/ML		7.95000	04/01/2017	
SCOPOLAMINE TRANSDERMAL PATCH, TRANSDERMAL 3 DAY 1 MG/3 DAY		14.44250	01/01/2018	
SELEGILINE HCL ORAL CAPSULE 5 MG		1.18781	04/01/2017	
SELEGILINE HCL ORAL TABLET 5 MG		1.38573	04/01/2017	
SELENIUM INTRAVENOUS VIAL (ML) 40 MCG/ML		0.16235	10/01/2017	
SELENIUM SULFIDE TOPICAL LOTION (ML) 2.5 %		0.05306	04/01/2017	
SELENIUM SULFIDE TOPICAL SHAMPOO 2.25 %		0.47678	04/01/2017	
SELENIUM SULFIDE TOPICAL SUSPENSION, TOPICAL (ML) 1 %		0.02204	12/12/2011	
SELENIUM SULFIDE TOPICAL SUSPENSION, TOPICAL (ML) 2.5 %		0.09375	04/01/2012	
SENNOSIDES ORAL SYRUP 8.8MG/5ML		0.03882	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
SENNOSIDES ORAL TABLET 25 MG		0.09875	04/01/2017	
SENNOSIDES ORAL TABLET 8.6 MG		0.01500	04/01/2017	
SENNOSIDES/DOCUSATE SODIUM ORAL TABLET 8.6MG-50MG		0.01897	04/01/2018	
SERTRALINE HCL ORAL CONCENTRATE, ORAL 20 MG/ML		0.43535	10/01/2017	
SERTRALINE HCL ORAL TABLET 100 MG		0.03974	04/01/2017	
SERTRALINE HCL ORAL TABLET 25 MG		0.03022	04/01/2017	
SERTRALINE HCL ORAL TABLET 50 MG		0.02666	01/01/2019	
SEVELAMER CARBONATE ORAL POWDER IN PACKET (EA) 0.8 G		10.55978	07/01/2019	
SEVELAMER CARBONATE ORAL TABLET 800 MG		0.00000	03/15/2015	
SEVOFLURANE INHALATION LIQUID (ML)		0.54400	04/01/2017	
SILDENAFIL CITRATE INTRAVENOUS VIAL (ML) 10 MG/12.5		14.80000	04/01/2017	
SILDENAFIL CITRATE MISCELLANEOUS POWDER (GRAM) 100 %		199.15500	04/01/2017	
SILDENAFIL CITRATE ORAL TABLET 100 MG		0.43300	01/01/2019	
SILDENAFIL CITRATE ORAL TABLET 20 MG		0.09991	10/01/2019	
SILDENAFIL CITRATE ORAL TABLET 50 MG		0.16967	01/01/2019	
SILODOSIN ORAL CAPSULE 8 MG		0.88284	01/01/2020	
SILVER NITRATE TOPICAL SOLUTION, NON-ORAL 0.5 %		0.06280	04/01/2017	
SILVER SULFADIAZINE TOPICAL CREAM (GRAM) 1 %		0.11228	01/01/2020	
SIMETHICONE ORAL CAPSULE 125 MG		0.04200	07/01/2018	
SIMETHICONE ORAL CAPSULE 180 MG		0.03333	04/01/2018	
SIMETHICONE ORAL SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 40MG/0.6ML		0.04456	10/01/2017	
SIMETHICONE ORAL TABLET, CHEWABLE 125 MG		0.06510	04/01/2017	
SIMETHICONE ORAL TABLET,CHEWABLE 80 MG		0.01560	04/01/2019	
SIMVASTATIN ORAL TABLET 10 MG		0.01204	04/01/2017	
SIMVASTATIN ORAL TABLET 20 MG		0.01500	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
SIMVASTATIN ORAL TABLET 40 MG		0.01508	10/01/2017	
SIMVASTATIN ORAL TABLET 5 MG		0.02814	10/01/2017	
SIMVASTATIN ORAL TABLET 80 MG		0.04911	04/01/2017	
SIROLIMUS ORAL TABLET 0.5 MG		5.70661	04/01/2017	
SIROLIMUS ORAL TABLET 1 MG		7.44735	10/01/2019	
SIROLIMUS ORAL TABLET 2 MG		13.50950	01/01/2019	
SODIUM ACETATE INTRAVENOUS VIAL (ML) 2 MEQ/ML		0.03325	10/01/2017	
SODIUM ACETATE INTRAVENOUS VIAL (ML) 4 MEQ/ML		0.06030	10/01/2017	
SODIUM BENZOATE/SODIUM PHENYLACETATE INTRAVENOUS VIAL (ML) 10 %-10 %		700.80000	04/01/2017	
SODIUM BICARBONATE INTRAVENOUS SYRINGE (ML) 0.5MEQ/ML		1.08100	04/01/2017	
SODIUM BICARBONATE INTRAVENOUS SYRINGE (ML) 0.9MEQ/ML		0.29260	04/01/2017	
SODIUM BICARBONATE INTRAVENOUS SYRINGE (ML) 1 MEQ/ML		0.17866	04/01/2017	
SODIUM BICARBONATE INTRAVENOUS SYRINGE (ML) 10MEQ/10ML		1.40500	04/01/2017	
SODIUM BICARBONATE INTRAVENOUS VIAL (ML) 0.5MEQ/ML		0.51000	04/01/2017	
SODIUM BICARBONATE INTRAVENOUS VIAL (ML) 1 MEQ/ML		0.16699	04/01/2017	
SODIUM BICARBONATE ORAL TABLET 325 MG		0.01716	04/01/2017	
SODIUM BICARBONATE ORAL TABLET 650 MG		0.01149	04/01/2017	
SODIUM CHLORIDE 0.45 % INTRAVENOUS INTRAVENOUS SOLUTION 0.45 %		0.00155	10/01/2017	
SODIUM CHLORIDE 0.45 % INTRAVENOUS PIGGYBACK WITH THREADED PORT (ML)		0.01256	04/01/2017	
SODIUM CHLORIDE 3 % INTRAVENOUS INTRAVENOUS SOLUTION 3 %		0.00908	10/01/2017	
SODIUM CHLORIDE 5 % INTRAVENOUS INTRAVENOUS SOLUTION 5 %		0.00376	04/01/2017	
SODIUM CHLORIDE FOR INHALATION INHALATION VIAL, NEBULIZER (ML) 0.9 %		0.03109	10/01/2017	
SODIUM CHLORIDE INTRAVENOUS VIAL (ML) 2.5 MEQ/ML		0.03375	04/01/2017	
SODIUM CHLORIDE INTRAVENOUS VIAL (ML) 4 MEQ/ML		0.05945	10/01/2017	
SODIUM CHLORIDE IRRIGATING SOLUTION IRRIGATION SOLUTION, IRRIGATION 0.9 %		0.00341	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
SODIUM CHLORIDE MISCELLANEOUS TABLET, SOLUBLE 1000 MG		0.05265	12/12/2011	
SODIUM CHLORIDE NASAL AEROSOL, SPRAY (ML) 0.65 %		0.02523	12/12/2011	
SODIUM CHLORIDE OPHTHALMIC DROPS 2 %		1.01200	04/01/2017	
SODIUM CHLORIDE OPHTHALMIC DROPS 5 %		0.12464	04/01/2017	
SODIUM CHLORIDE OPHTHALMIC OINTMENT (GRAM) 5 %		1.85007	04/01/2017	
SODIUM CHLORIDE/SODIUM BICARBONATE/POTASSIUM CHLORIDE/PEG ORAL SOLUTION, RECONSTITUTED, ORAL 420G		0.00299	04/01/2017	
SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INTRAVENOUS VIAL (ML) 62.5MG/5ML		5.98160	10/01/2018	
SODIUM FLUORIDE DENTAL CREAM (GRAM) 1.1 %		0.03272	10/01/2017	
SODIUM FLUORIDE DENTAL GEL (GRAM) 1.1 %		0.05570	04/01/2017	
SODIUM FLUORIDE DENTAL SOLUTION, NON-ORAL 0.2 %		0.01236	04/01/2017	
SODIUM FLUORIDE ORAL DROPS 0.25MG/DRP		0.38126	10/01/2014	
SODIUM FLUORIDE ORAL TABLET, CHEWABLE 0.25(0.55)		0.02968	04/01/2017	
SODIUM FLUORIDE ORAL TABLET, CHEWABLE 0.5(1.1)MG		0.02718	04/01/2017	
SODIUM FLUORIDE ORAL TABLET, CHEWABLE 1MG(2.2MG)		0.03775	04/01/2017	
SODIUM LACTATE INTRAVENOUS VIAL (ML) 5 MEQ/ML		0.23600	04/01/2017	
SODIUM PHENYLBUTYRATE ORAL POWDER (GRAM) 0.94 G/G		17.99848	04/01/2017	
SODIUM PHOS,M-BASIC-D-BASIC INTRAVENOUS VIAL (ML) 3MMOL/ML		0.03633	10/01/2017	
SODIUM PHOSPHATE,DIBASIC/POT PHOS,MONOB/SOD PHOSPHATE MONO ORAL TABLET 250 MG		0.15994	10/01/2017	
SODIUM PHOSPHATE,MONOBASIC/SODIUM PHOSPHATE,DIBASIC ORAL SOLUTION, ORAL		0.07413	12/12/2011	
SODIUM PHOSPHATE,MONOBASIC/SODIUM PHOSPHATE,DIBASIC RECTAL ENEMA (ML) 19G-7G/118		0.00880	10/01/2017	
SODIUM POLYSTYRENE SULFONATE ORAL POWDER (GRAM)		0.08976	04/01/2019	
SODIUM POLYSTYRENE SULFONATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 15 G/60 ML		0.04536	01/01/2019	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA (ML) 30 G/120ML		0.25358	04/01/2017	
SODIUM/POTASSIUM/POTASSIUM CITRATE/SODIUM CITRATE/CIT AC ORAL SOLUTION, ORAL 500-550/5		0.03498	04/01/2017	
SODIUM/POTASSIUM/SODIUM CHLORIDE OPHTHALMIC DROPS		0.02781	12/12/2011	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
SOLIFENACIN SUCCINATE ORAL TABLET 10 MG		0.31000	01/01/2020	
SOLIFENACIN SUCCINATE ORAL TABLET 5 MG		0.30000	01/01/2020	
SORBITAN SESQUIOLEATE/MINERAL OIL/BENZETHON CL/BASE3 TOPICAL COMBINATION PACKAGE (EA) 0.13 %		0.76375	04/01/2017	
SORBITOL SOLUTION IRRIGATION SOLUTION, IRRIGATION 3 %		0.00683	04/01/2017	
SORBITOL SOLUTION IRRIGATION SOLUTION, IRRIGATION 3.3 %		0.00278	04/01/2017	
SOTALOL HCL ORAL TABLET 120 MG		0.09290	01/01/2020	
SOTALOL HCL ORAL TABLET 160 MG		0.12664	04/01/2017	
SOTALOL HCL ORAL TABLET 240 MG		0.23888	10/01/2017	
SOTALOL HCL ORAL TABLET 80 MG		0.05500	01/01/2019	
SPINOSAD TOPICAL SUSPENSION, TOPICAL (ML) 0.9 %		1.58525	10/01/2017	
SPIRONOLACTONE ORAL TABLET 100 MG		0.16980	04/01/2019	
SPIRONOLACTONE ORAL TABLET 25 MG		0.02310	01/01/2019	
SPIRONOLACTONE ORAL TABLET 50 MG		0.08500	07/01/2018	
SPIRONOLACTONE/HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG-25MG		0.56726	01/01/2018	
STAVUDINE ORAL CAPSULE 15 MG		0.91610	10/01/2017	
STAVUDINE ORAL CAPSULE 20 MG		1.16278	04/01/2017	
STAVUDINE ORAL CAPSULE 30 MG		0.75350	04/01/2017	
STAVUDINE ORAL CAPSULE 40 MG		0.90200	04/01/2017	
STAVUDINE ORAL SOLUTION, RECONSTITUTED, ORAL 1 MG/ML		0.32795	04/01/2017	
STREPTOMYCIN SULFATE INTRAMUSCULAR VIAL (EA) 1 G		18.75000	04/01/2017	
SUCRALFATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 1 G/10 ML		0.36433	04/01/2017	
SUCRALFATE ORAL TABLET 1 G		0.11350	04/01/2017	
SUFENTANIL CITRATE INTRAVENOUS AMPUL (ML) 50 MCG/ML		2.90000	04/01/2017	
SUFENTANIL CITRATE INTRAVENOUS VIAL (ML) 50 MCG/ML		4.54000	04/01/2017	
SULFACETAMIDE SODIUM OPHTHALMIC DROPS 10 %		2.22100	01/01/2020	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT (GRAM) 10 %		15.68000	04/01/2017	
SULFACETAMIDE SODIUM TOPICAL CLEANSER (ML) 10 %		0.20625	07/01/2019	
SULFACETAMIDE SODIUM TOPICAL CLEANSER, GEL (ML) 10 %		1.17400	04/01/2017	
SULFACETAMIDE SODIUM TOPICAL SUSPENSION, TOPICAL (ML) 10 %		0.44645	10/01/2017	
SULFACETAMIDE SODIUM/AVOBENZONE/SULFUR TOPICAL CREAM (GRAM) 10 %-5 %		2.16366	12/12/2011	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC DROPS 10 %-0.23%		2.28322	04/01/2017	
SULFACETAMIDE SODIUM/SULFUR TOPICAL CLEANSER (GRAM) 10 %-2 %		1.58682	04/01/2017	
SULFACETAMIDE SODIUM/SULFUR TOPICAL CLEANSER (GRAM) 10-5%(W/W)		0.09183	10/01/2017	
SULFACETAMIDE SODIUM/SULFUR TOPICAL CLEANSER (GRAM) 9 %-4.5 %		0.07082	07/01/2019	
SULFACETAMIDE SODIUM/SULFUR TOPICAL CLEANSER (GRAM) 9.8%-4.8%		1.43449	04/01/2017	
SULFACETAMIDE SODIUM/SULFUR TOPICAL CREAM (GRAM) 10 %-2 %		4.90386	01/01/2018	
SULFACETAMIDE SODIUM/SULFUR TOPICAL CREAM (GRAM) 10-5%(W/W)		1.90292	04/01/2017	
SULFACETAMIDE SODIUM/SULFUR TOPICAL FOAM (GRAM) 10 %-5 %		1.50930	04/01/2017	
SULFACETAMIDE SODIUM/SULFUR TOPICAL LOTION (GRAM) 10-5%(W/V)		0.81243	09/01/2011	
SULFACETAMIDE SODIUM/SULFUR TOPICAL LOTION (GRAM) 10-5%(W/W)		0.81242	12/12/2011	
SULFACETAMIDE SODIUM/SULFUR TOPICAL PADS, MEDICATED (EA) 10 %-4 %		4.23217	01/01/2020	
SULFACETAMIDE SODIUM/SULFUR TOPICAL PADS, MEDICATED (EA) 10 %-5 %		2.74566	10/01/2017	
SULFACETAMIDE SODIUM/SULFUR TOPICAL SUSPENSION, TOPICAL (ML) 8 %-4 %		0.12000	07/01/2019	
SULFACETAMIDE SODIUM/SULFUR/SKIN CLEANSER COMB NO.23 TOPICAL KIT 9 %-4.5 %		440.25000	04/01/2017	
SULFACETAMIDE SODIUM/SULFUR/UREA TOPICAL CLEANSER (ML) 10%-5%-10%		0.56197	04/01/2017	
SULFADIAZINE ORAL TABLET 500 MG		3.14840	04/01/2019	
SULFAMETHOXAZOLE/TRIMETHOPRIM INTRAVENOUS VIAL (ML) 80-16MG/ML		0.44600	04/01/2017	
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 200-40MG/5		0.08977	10/01/2017	
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 800-160/20		0.19750	04/01/2017	
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL TABLET 400MG-80MG		0.05122	01/01/2019	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL TABLET 800-160 MG		0.02990	07/01/2018	
SULFASALAZINE ORAL TABLET 500 MG		0.05025	10/01/2017	
SULFASALAZINE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500 MG		0.12670	10/01/2017	
SULINDAC ORAL TABLET 150 MG		0.10000	07/01/2018	
SULINDAC ORAL TABLET 200 MG		0.15726	04/01/2017	
SUMATRIPTAN NASAL SPRAY, NON-AEROSOL (EA) 20 MG		45.17086	04/01/2017	
SUMATRIPTAN NASAL SPRAY, NON-AEROSOL (EA) 5 MG		44.35389	04/01/2017	
SUMATRIPTAN SUCCINATE ORAL TABLET 100 MG		0.36778	04/01/2018	
SUMATRIPTAN SUCCINATE ORAL TABLET 25 MG		0.37778	01/01/2019	
SUMATRIPTAN SUCCINATE ORAL TABLET 50 MG		0.27222	01/01/2019	
SUMATRIPTAN SUCCINATE SUBCUTANEOUS CARTRIDGE (ML) 4 MG/0.5ML		106.68462	10/01/2017	
SUMATRIPTAN SUCCINATE SUBCUTANEOUS CARTRIDGE (ML) 6 MG/0.5ML		114.01226	04/01/2017	
SUMATRIPTAN SUCCINATE SUBCUTANEOUS PEN INJECTOR (ML) 4 MG/0.5ML		112.69915	10/01/2017	
SUMATRIPTAN SUCCINATE SUBCUTANEOUS PEN INJECTOR (ML) 6 MG/0.5ML		134.96108	04/01/2017	
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SYRINGE (ML) 6 MG/0.5ML		36.18000	10/01/2017	
SUMATRIPTAN SUCCINATE SUBCUTANEOUS VIAL (ML) 6 MG/0.5ML		36.73257	04/01/2017	
TACROLIMUS ORAL CAPSULE 0.5 MG		0.08770	04/01/2017	
TACROLIMUS ORAL CAPSULE 1 MG		0.10130	01/01/2019	
TACROLIMUS ORAL CAPSULE 5 MG		0.39610	10/01/2018	
TACROLIMUS TOPICAL OINTMENT (GRAM) 0.03 %		2.83333	01/01/2020	
TACROLIMUS TOPICAL OINTMENT (GRAM) 0.1 %		2.24164	01/01/2020	
TADALAFIL ORAL TABLET 20 MG		0.73833	01/01/2020	
TADALAFIL ORAL TABLET 20 MG		0.78578	01/01/2020	
TADALAFIL ORAL TABLET 5 MG		0.43700	10/01/2019	
TAMOXIFEN CITRATE ORAL TABLET 10 MG		0.15000	01/01/2018	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
TAMOXIFEN CITRATE ORAL TABLET 20 MG		0.18392	10/01/2017	
TAMSULOSIN HCL ORAL CAPSULE 0.4 MG		0.03960	01/01/2019	
TELMISARTAN ORAL TABLET 20 MG		0.13809	04/01/2017	
TELMISARTAN ORAL TABLET 40 MG		0.06667	01/01/2019	
TELMISARTAN ORAL TABLET 80 MG		0.07133	01/01/2019	
TELMISARTAN/AMLODIPINE BESYLATE ORAL TABLET 40 MG-10MG		4.14666	04/01/2017	
TELMISARTAN/AMLODIPINE BESYLATE ORAL TABLET 40 MG-5 MG		4.14666	04/01/2017	
TELMISARTAN/AMLODIPINE BESYLATE ORAL TABLET 80 MG-10MG		4.14666	04/01/2017	
TELMISARTAN/AMLODIPINE BESYLATE ORAL TABLET 80 MG-5 MG		3.79100	04/01/2017	
TELMISARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 40-12.5 MG		0.73467	07/01/2018	
TELMISARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 80 MG-25MG		0.56667	01/01/2020	
TELMISARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 80-12.5MG		1.17000	04/01/2019	
TEMAZEPAM ORAL CAPSULE 15 MG		0.04590	04/01/2018	
TEMAZEPAM ORAL CAPSULE 22.5 MG		4.17825	04/01/2017	
TEMAZEPAM ORAL CAPSULE 30 MG		0.07842	04/01/2017	
TEMAZEPAM ORAL CAPSULE 7.5 MG		3.36810	04/01/2017	
TEMOZOLOMIDE ORAL CAPSULE 100 MG		22.14286	04/01/2019	
TEMOZOLOMIDE ORAL CAPSULE 140 MG		32.50000	10/01/2019	
TEMOZOLOMIDE ORAL CAPSULE 180 MG		42.50000	04/01/2019	
TEMOZOLOMIDE ORAL CAPSULE 20 MG		4.07143	04/01/2019	
TEMOZOLOMIDE ORAL CAPSULE 250 MG		69.13100	10/01/2019	
TEMOZOLOMIDE ORAL CAPSULE 5 MG		1.35714	04/01/2019	
TENIPOSIDE INTRAVENOUS AMPUL (ML) 50 MG/5 ML		499.19000	04/01/2017	
TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 300 MG		0.33333	01/01/2020	
TERAZOSIN HCL ORAL CAPSULE 1 MG		0.04960	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
TERAZOSIN HCL ORAL CAPSULE 10 MG		0.04130	10/01/2017	
TERAZOSIN HCL ORAL CAPSULE 2 MG		0.04330	04/01/2017	
TERAZOSIN HCL ORAL CAPSULE 5 MG		0.06080	04/01/2017	
TERBINAFINE HCL ORAL TABLET 250 MG		0.10133	07/01/2017	
TERBINAFINE HCL TOPICAL CREAM (GRAM) 1 %		0.21646	10/01/2017	
TERBUTALINE SULFATE ORAL TABLET 2.5 MG		0.95222	10/01/2017	
TERBUTALINE SULFATE ORAL TABLET 5 MG		0.34120	10/01/2017	
TERBUTALINE SULFATE SUBCUTANEOUS VIAL (ML) 1 MG/ML		4.00000	04/01/2017	
TERCONAZOLE VAGINAL CREAM WITH APPLICATOR 0.4 %		0.19765	10/01/2017	
TERCONAZOLE VAGINAL CREAM WITH APPLICATOR 0.8 %		1.00000	04/01/2017	
TERCONAZOLE VAGINAL SUPPOSITORY, VAGINAL 80 MG		9.35617	10/01/2017	
TESTOSTERONE CYPIONATE INTRAMUSCULAR VIAL (ML) 100 MG/ML		3.86188	04/01/2017	
TESTOSTERONE CYPIONATE INTRAMUSCULAR VIAL (ML) 200 MG/ML		3.00800	04/01/2017	
TESTOSTERONE ENANTHATE INTRAMUSCULAR VIAL (ML) 200 MG/ML		9.90924	04/01/2017	
TESTOSTERONE MISCELLANEOUS POWDER (GRAM)		0.22085	12/12/2011	
TESTOSTERONE TRANSDERMAL GEL (GRAM) 50 MG (1%)		1.28256	04/01/2017	
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG (2%)		4.45105	04/01/2017	
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5/1.25G		1.04000	07/01/2019	
TESTOSTERONE TRANSDERMAL GEL IN PACKET (GRAM) 25MG(1%)		2.53307	10/01/2017	
TESTOSTERONE TRANSDERMAL GEL IN PACKET (GRAM) 50 MG (1%)		1.75097	04/01/2017	
TETRABENAZINE ORAL TABLET 12.5 MG		62.99107	04/01/2017	
TETRABENAZINE ORAL TABLET 25 MG		125.98214	04/01/2017	
TETRACAINE HCL OPHTHALMIC DROPS 0.5 %		0.56314	04/01/2017	
TETRACAINE HCL/PF OPHTHALMIC DROPS 0.5 %		0.56548	10/01/2017	
TETRACYCLINE HCL ORAL CAPSULE 250 MG		2.86425	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
TETRACYCLINE HCL ORAL CAPSULE 500 MG		0.04523	10/01/2017	
TETRAHYDROZOLINE HCL OPTHALMIC DROPS 0.05 %		0.09490	04/01/2017	
TETRAHYDROZOLINE HCL/DEXTRAN 70/POLYETHYLENE GL 400/POVIDONE OPTHALMIC DROPS 0.05-.1-1%		0.09600	07/01/2019	
TETRAHYDROZOLINE HCL/POLYETHYLENE GLYCOLS OPTHALMIC DROPS 0.05 %-1 %		0.19548	12/12/2011	
TETRAHYDROZOLINE HCL/ZINC SULFATE OPTHALMIC DROPS 0.05-0.25%		0.19548	12/12/2011	
THEOPHYLLINE ANHYDROUS ORAL ELIXIR 80 MG/15ML		0.66666	04/01/2017	
THEOPHYLLINE ANHYDROUS ORAL SOLUTION, ORAL 80 MG/15ML		0.13094	04/01/2017	
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 12 HR 100 MG		0.10804	10/01/2017	
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 12 HR 200 MG		0.13869	10/01/2017	
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 12 HR 300 MG		1.40000	01/01/2019	
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 12 HR 450 MG		0.34827	10/01/2017	
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 24 HR 400 MG		0.52770	01/01/2020	
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 24 HR 600 MG		1.21730	10/01/2018	
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 400 MG		1.25093	12/12/2011	
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 600 MG		1.31330	04/01/2016	
THEOPHYLLINE IN DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 400MG/0.5L		0.00696	04/01/2017	
THIAMINE HCL INJECTION VIAL (ML) 100 MG/ML		3.46000	04/01/2017	
THIAMINE HCL ORAL TABLET 100 MG		0.02573	12/12/2011	
THIAMINE HCL ORAL TABLET 50 MG		0.01581	12/12/2011	
THIAMINE HCL/RIBOFLAVIN/NIACINAMIDE/DEXPANTHENOL/PYRIDOXINE INJECTION VIAL (ML) 100-2MG/ML		6.15633	04/01/2017	
THIORIDAZINE HCL ORAL TABLET 10 MG		0.41750	04/01/2018	
THIORIDAZINE HCL ORAL TABLET 100 MG		0.21015	10/01/2017	
THIORIDAZINE HCL ORAL TABLET 25 MG		0.10754	10/01/2017	
THIORIDAZINE HCL ORAL TABLET 50 MG		0.12563	10/01/2017	
THIOTEPA INJECTION VIAL (EA) 15 MG		1400.00000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
THIOTHIXENE ORAL CAPSULE 1 MG		0.06281	10/01/2017	
THIOTHIXENE ORAL CAPSULE 10 MG		1.84450	10/01/2017	
THIOTHIXENE ORAL CAPSULE 2 MG		0.97090	04/01/2017	
THIOTHIXENE ORAL CAPSULE 5 MG		1.35560	10/01/2017	
THYROID,PORK ORAL TABLET 120 MG		0.96070	01/01/2019	
THYROID,PORK ORAL TABLET 15 MG		0.34890	04/01/2017	
THYROID,PORK ORAL TABLET 30 MG		0.48580	01/01/2019	
THYROID,PORK ORAL TABLET 60 MG		0.42000	07/01/2018	
THYROID,PORK ORAL TABLET 90 MG		0.82090	01/01/2019	
TIAGABINE HCL ORAL TABLET 2 MG		4.77440	04/01/2017	
TIAGABINE HCL ORAL TABLET 4 MG		5.30293	04/01/2017	
TICLOPIDINE HCL ORAL TABLET 250 MG		1.40857	04/01/2017	
TIGECYCLINE INTRAVENOUS VIAL (EA) 50 MG		156.00000	04/01/2017	
TIMOLOL MALEATE OPHTHALMIC DROPS 0.25 %		0.26063	10/01/2017	
TIMOLOL MALEATE OPHTHALMIC DROPS 0.5 %		0.27800	04/01/2017	
TIMOLOL MALEATE OPHTHALMIC GEL-FORMING SOLUTION 0.25 %		20.38200	04/01/2017	
TIMOLOL MALEATE OPHTHALMIC GEL-FORMING SOLUTION 0.5 %		13.45000	07/01/2017	
TIMOLOL MALEATE ORAL TABLET 10 MG		0.25759	10/01/2017	
TIMOLOL MALEATE ORAL TABLET 20 MG		0.30150	10/01/2017	
TIMOLOL MALEATE ORAL TABLET 5 MG		0.20641	10/01/2017	
TINIDAZOLE ORAL TABLET 250 MG		3.30394	10/01/2017	
TINIDAZOLE ORAL TABLET 500 MG		2.19850	01/01/2020	
TIOCONAZOLE VAGINAL OINTMENT WITH PREFILLED APPLICATOR 6.5 %		2.12521	04/01/2017	
TIZANIDINE HCL ORAL CAPSULE 2 MG		0.44293	01/01/2019	
TIZANIDINE HCL ORAL CAPSULE 4 MG		0.55853	07/01/2018	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
TIZANIDINE HCL ORAL CAPSULE 6 MG		1.86993	01/01/2019	
TIZANIDINE HCL ORAL TABLET 2 MG		0.02233	01/01/2019	
TIZANIDINE HCL ORAL TABLET 4 MG		0.03812	01/01/2019	
TOBRAMYCIN IN 0.225 % SODIUM CHLORIDE INHALATION AMPUL FOR NEBULIZATION (ML) 300 MG/5ML		11.57657	04/01/2017	
TOBRAMYCIN OPHTHALMIC DROPS 0.3 %		0.59697	10/01/2017	
TOBRAMYCIN SULFATE INJECTION VIAL (EA) 1.2 G		77.70000	04/01/2017	
TOBRAMYCIN SULFATE INJECTION VIAL (ML) 10 MG/ML		1.91000	04/01/2017	
TOBRAMYCIN SULFATE INJECTION VIAL (ML) 40 MG/ML		0.43880	01/01/2019	
TOBRAMYCIN SULFATE OPHTHALMIC DROPS 0.3 %		0.99900	07/01/2012	
TOBRAMYCIN/DEXAMETHASONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 0.3 %-0.1%		11.90750	01/01/2018	
TOLAZAMIDE ORAL TABLET 250 MG		0.14410	10/01/2017	
TOLAZAMIDE ORAL TABLET 500 MG		0.56156	10/01/2017	
TOLBUTAMIDE ORAL TABLET 500 MG		0.05412	10/01/2017	
TOLCAPONE ORAL TABLET 100 MG		87.00077	04/01/2017	
TOLMETIN SODIUM ORAL CAPSULE 400 MG		0.54347	10/01/2017	
TOLMETIN SODIUM ORAL TABLET 200 MG		0.51178	10/01/2017	
TOLMETIN SODIUM ORAL TABLET 600 MG		0.87195	10/01/2017	
TOLNAFTATE TOPICAL AEROSOL, POWDER (GRAM) 1 %		0.02522	04/01/2017	
TOLNAFTATE TOPICAL AEROSOL, SPRAY (GRAM) 1 %		0.02737	10/01/2017	
TOLNAFTATE TOPICAL CREAM (GRAM) 1 %		0.10569	04/01/2017	
TOLNAFTATE TOPICAL POWDER (GRAM) 1 %		0.04698	04/01/2017	
TOLNAFTATE TOPICAL SOLUTION, NON-ORAL 1 %		0.19000	04/01/2017	
TOLTERODINE TARTRATE ORAL CAPSULE, EXT RELEASE 24 HR 2 MG		1.49800	07/01/2019	
TOLTERODINE TARTRATE ORAL CAPSULE, EXT RELEASE 24 HR 4 MG		1.12667	07/01/2019	
TOLTERODINE TARTRATE ORAL TABLET 1 MG		0.43100	01/01/2020	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
TOLTERODINE TARTRATE ORAL TABLET 2 MG		0.16500	01/01/2019	
TOPIRAMATE ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 100 MG		10.06822	04/01/2017	
TOPIRAMATE ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 150 MG		13.54066	04/01/2017	
TOPIRAMATE ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 200 MG		13.32420	04/01/2017	
TOPIRAMATE ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 25 MG		4.26566	04/01/2017	
TOPIRAMATE ORAL CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR 50 MG		5.18560	04/01/2017	
TOPIRAMATE ORAL CAPSULE, SPRINKLE 15 MG		0.26700	04/01/2018	
TOPIRAMATE ORAL CAPSULE, SPRINKLE 25 MG		0.26867	04/01/2017	
TOPIRAMATE ORAL TABLET 100 MG		0.03100	01/01/2019	
TOPIRAMATE ORAL TABLET 200 MG		0.06417	04/01/2017	
TOPIRAMATE ORAL TABLET 25 MG		0.01545	04/01/2017	
TOPIRAMATE ORAL TABLET 50 MG		0.03024	04/01/2017	
TOPOTECAN HCL INTRAVENOUS VIAL (EA) 4 MG		140.00000	04/01/2017	
TOPOTECAN HCL INTRAVENOUS VIAL (ML) 4 MG/4 ML		26.72000	04/01/2017	
TORSEMIDE ORAL TABLET 10 MG		0.04500	07/01/2018	
TORSEMIDE ORAL TABLET 100 MG		0.10820	01/01/2019	
TORSEMIDE ORAL TABLET 20 MG		0.05990	01/01/2019	
TORSEMIDE ORAL TABLET 5 MG		0.05390	01/01/2019	
TRAMADOL HCL ORAL CAPSULE,EXT.RELEASE 24 HR BIPHASIC 17-83 300 MG		13.87266	04/01/2017	
TRAMADOL HCL ORAL CAPSULE,EXT.RELEASE 24 HR BIPHASIC 25-75 100 MG		7.65333	04/01/2017	
TRAMADOL HCL ORAL CAPSULE,EXT.RELEASE 24 HR BIPHASIC 25-75 200 MG		10.02933	04/01/2017	
TRAMADOL HCL ORAL TABLET 50 MG		0.01473	04/01/2017	
TRAMADOL HCL ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG		1.58033	04/01/2017	
TRAMADOL HCL ORAL TABLET, EXTENDED RELEASE 24 HR 200 MG		2.78600	04/01/2017	
TRAMADOL HCL ORAL TABLET, EXTENDED RELEASE 24 HR 300 MG		3.23534	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
TRAMADOL HCL ORAL TABLET,EXTENDED RELEASE MULTIPHASE 24 HR 100 MG		2.22726	04/01/2017	
TRAMADOL HCL ORAL TABLET,EXTENDED RELEASE MULTIPHASE 24 HR 200 MG		3.51095	04/01/2017	
TRAMADOL HCL ORAL TABLET,EXTENDED RELEASE MULTIPHASE 24 HR 300 MG		3.56651	04/01/2017	
TRAMADOL HCL/ACETAMINOPHEN ORAL TABLET 37.5-325MG		0.11890	07/01/2017	
TRANDOLAPRIL ORAL TABLET 1 MG		0.21120	10/01/2017	
TRANDOLAPRIL ORAL TABLET 2 MG		0.17991	04/01/2017	
TRANDOLAPRIL ORAL TABLET 4 MG		0.14284	04/01/2017	
TRANDOLAPRIL/VERAPAMIL HCL ORAL TABLET,IMMED AND EXTEND REL BIPHASE 24HR 1MG-240 MG		4.23220	04/01/2017	
TRANDOLAPRIL/VERAPAMIL HCL ORAL TABLET,IMMED AND EXTEND REL BIPHASE 24HR 2 MG-180MG		4.23220	04/01/2017	
TRANDOLAPRIL/VERAPAMIL HCL ORAL TABLET,IMMED AND EXTEND REL BIPHASE 24HR 2MG-240 MG		4.23220	04/01/2017	
TRANDOLAPRIL/VERAPAMIL HCL ORAL TABLET,IMMED AND EXTEND REL BIPHASE 24HR 4MG-240 MG		3.87348	04/01/2017	
TRANEXAMIC ACID INTRAVENOUS AMPUL (ML) 1000 MG/10		1.40000	04/01/2017	
TRANEXAMIC ACID INTRAVENOUS VIAL (ML) 1000 MG/10		2.30000	04/01/2017	
TRANEXAMIC ACID ORAL TABLET 650 MG		1.07400	07/01/2019	
TRANLYCYPROMINE SULFATE ORAL TABLET 10 MG		0.37108	10/01/2017	
TRAZODONE HCL ORAL TABLET 100 MG		0.05000	07/01/2018	
TRAZODONE HCL ORAL TABLET 150 MG		0.05494	10/01/2017	
TRAZODONE HCL ORAL TABLET 300 MG		2.66680	07/01/2018	
TRAZODONE HCL ORAL TABLET 50 MG		0.01804	10/01/2017	
TRETINOIN MICROSPHERES TOPICAL GEL (GRAM) 0.04 %		6.14978	01/01/2020	
TRETINOIN MICROSPHERES TOPICAL GEL (GRAM) 0.1 %		9.22556	04/01/2017	
TRETINOIN MICROSPHERES TOPICAL GEL WITH PUMP (GRAM) 0.04 %		9.59636	04/01/2017	
TRETINOIN MICROSPHERES TOPICAL GEL WITH PUMP (GRAM) 0.1 %		8.12032	04/01/2017	
TRETINOIN ORAL CAPSULE 10 MG		10.73980	07/01/2019	
TRETINOIN TOPICAL CREAM (GRAM) 0.025 %		0.50306	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
TRETINOIN TOPICAL CREAM (GRAM) 0.05 %		0.71087	10/01/2017	
TRETINOIN TOPICAL CREAM (GRAM) 0.1 %		0.79284	10/01/2017	
TRETINOIN TOPICAL GEL (GRAM) 0.01 %		3.18981	07/01/2017	
TRETINOIN TOPICAL GEL (GRAM) 0.025 %		0.70774	10/01/2017	
TRETINOIN TOPICAL GEL (GRAM) 0.05 %		4.50226	04/01/2017	
TRETINOIN/EMOLLIENT TOPICAL CREAM (GRAM) 0.05 %		2.01923	12/12/2011	
TRIAMCINOLONE ACETONIDE DENTAL PASTE (GRAM) 0.1 %		5.52200	07/01/2018	
TRIAMCINOLONE ACETONIDE INJECTION VIAL (ML) 40 MG/ML		6.57200	04/01/2019	
TRIAMCINOLONE ACETONIDE NASAL AEROSOL, SPRAY (GRAM) 55 MCG		0.88250	10/01/2015	
TRIAMCINOLONE ACETONIDE NASAL AEROSOL, SPRAY (ML) 55 MCG		0.65089	10/01/2018	
TRIAMCINOLONE ACETONIDE TOPICAL AEROSOL (GRAM) 0.147MG/G		3.02730	04/01/2017	
TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.025 %		0.07520	04/01/2017	
TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.1 %		0.03401	04/01/2017	
TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.5 %		0.30600	01/01/2020	
TRIAMCINOLONE ACETONIDE TOPICAL LOTION (ML) 0.025 %		0.29745	10/01/2017	
TRIAMCINOLONE ACETONIDE TOPICAL LOTION (ML) 0.1 %		0.35998	04/01/2017	
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.025 %		0.06875	04/01/2017	
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.05 %		2.00000	04/01/2017	
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.1 %		0.04040	04/01/2017	
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.5 %		0.11860	10/01/2017	
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL CAPSULE 37.5-25 MG		0.04750	04/01/2017	
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL CAPSULE 50 MG-25MG		1.26607	04/01/2017	
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL TABLET 37.5-25 MG		0.02281	10/01/2017	
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL TABLET 75 MG-50MG		0.02726	10/01/2017	
TRIAZOLAM ORAL TABLET 0.125 MG		1.33621	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
TRIAZOLAM ORAL TABLET 0.25 MG		1.22522	04/01/2017	
TRIFLUOPERAZINE HCL ORAL TABLET 1 MG		0.18809	10/01/2017	
TRIFLUOPERAZINE HCL ORAL TABLET 10 MG		0.55134	10/01/2017	
TRIFLUOPERAZINE HCL ORAL TABLET 2 MG		0.69000	07/01/2018	
TRIFLUOPERAZINE HCL ORAL TABLET 5 MG		0.35165	10/01/2017	
TRIFLURIDINE OPHTHALMIC DROPS 1 %		14.31756	04/01/2017	
TRIHEXYPHENIDYL HCL ORAL ELIXIR 2 MG/5 ML		0.03584	01/01/2019	
TRIHEXYPHENIDYL HCL ORAL TABLET 2 MG		0.03270	04/01/2017	
TRIHEXYPHENIDYL HCL ORAL TABLET 5 MG		0.09007	04/01/2018	
TRIMETHOBENZAMIDE HCL ORAL CAPSULE 300 MG		0.87596	04/01/2017	
TRIMETHOPRIM ORAL TABLET 100 MG		0.16650	01/01/2018	
TRIMIPRAMINE MALEATE ORAL CAPSULE 100 MG		7.55033	04/01/2017	
TRIMIPRAMINE MALEATE ORAL CAPSULE 25 MG		3.27533	04/01/2017	
TRIMIPRAMINE MALEATE ORAL CAPSULE 50 MG		5.35733	04/01/2017	
TRIPROLIDINE HCL ORAL DROPS 0.625MG/ML		1.60480	04/01/2017	
TRIPROLIDINE HCL/PSEUDOEPHEDRINE HCL ORAL TABLET 2.5MG-60MG		0.02598	10/01/2017	
TROLAMINE SALICYLATE TOPICAL CREAM (GRAM) 10 %		0.02507	04/01/2017	
TROPICAMIDE OPHTHALMIC DROPS 0.5 %		0.50637	10/01/2017	
TROPICAMIDE OPHTHALMIC DROPS 1 %		0.34733	01/01/2018	
TROSPIMUM CHLORIDE ORAL CAPSULE, EXT RELEASE 24 HR 60 MG		3.77843	04/01/2017	
TROSPIMUM CHLORIDE ORAL TABLET 20 MG		0.25217	07/01/2019	
UBIDECARENONE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG		0.48548	12/12/2011	
UREA TOPICAL CREAM (GRAM) 20 %		0.09750	12/12/2011	
UREA TOPICAL CREAM (GRAM) 39 %		1.07473	04/01/2017	
UREA TOPICAL CREAM (GRAM) 40 %		0.08941	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
UREA TOPICAL CREAM (GRAM) 50 %		0.80769	12/12/2011	
UREA TOPICAL FOAM (GRAM) 40 %		2.10070	04/01/2017	
UREA TOPICAL GEL (ML) 40 %		2.64650	10/01/2017	
UREA TOPICAL GEL (ML) 50 %		4.50000	12/12/2011	
UREA TOPICAL GEL WITH PREFILLED APPLICATOR (ML) 45 %		10.46800	04/01/2017	
UREA TOPICAL LOTION (GRAM) 40 %		0.38779	01/01/2018	
UREA TOPICAL LOTION (ML) 35 %		0.13283	12/12/2011	
UREA TOPICAL LOTION (ML) 40 %		0.06596	04/01/2017	
UREA TOPICAL OINTMENT (GRAM) 50 %		0.54267	12/12/2011	
UREA TOPICAL SOLUTION WITH PREFILLED APPLICATOR (ML) 50 %		4.78022	12/12/2011	
URSODIOL ORAL CAPSULE 300 MG		1.28215	10/01/2019	
URSODIOL ORAL TABLET 250 MG		0.56460	10/01/2018	
URSODIOL ORAL TABLET 500 MG		0.63240	07/01/2019	
VALACYCLOVIR HCL ORAL TABLET 1000 MG		0.32133	01/01/2019	
VALACYCLOVIR HCL ORAL TABLET 500 MG		0.20000	01/01/2019	
VALGANCICLOVIR HCL ORAL SOLUTION, RECONSTITUTED, ORAL 50 MG/ML		9.09386	04/01/2017	
VALGANCICLOVIR HCL ORAL TABLET 450 MG		5.24950	01/01/2019	
VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM) INTRAVENOUS VIAL (ML) 500 MG/5ML		0.41200	04/01/2017	
VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM) ORAL SOLUTION, ORAL 250 MG/5ML		0.01522	04/01/2017	
VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM) ORAL SOLUTION, ORAL 250 MG/5ML		0.12400	04/01/2017	
VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM) ORAL SOLUTION, ORAL 500MG/10ML		0.08439	04/01/2017	
VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM) ORAL SYRINGE (ML) 250 MG/5ML		0.22948	04/01/2017	
VALPROIC ACID ORAL CAPSULE 250 MG		0.12720	10/01/2017	
VALSARTAN ORAL TABLET 160 MG		0.06556	07/01/2018	
VALSARTAN ORAL TABLET 320 MG		0.08789	07/01/2018	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
VALSARTAN ORAL TABLET 40 MG		0.06233	04/01/2017	
VALSARTAN ORAL TABLET 80 MG		0.03744	07/01/2018	
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 160-12.5MG		0.10156	04/01/2017	
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 160-25MG		0.13333	04/01/2017	
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 320-12.5MG		0.16444	07/01/2018	
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 320MG-25MG		0.11111	07/01/2018	
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 80-12.5MG		0.12778	01/01/2019	
VANCOMYCIN HCL INTRAVENOUS VIAL (EA) 1 G		3.43040	10/01/2017	
VANCOMYCIN HCL INTRAVENOUS VIAL (EA) 10 G		4.06300	07/01/2019	
VANCOMYCIN HCL INTRAVENOUS VIAL (EA) 5 G		16.34130	10/01/2017	
VANCOMYCIN HCL INTRAVENOUS VIAL (EA) 500 MG		3.05319	10/01/2017	
VANCOMYCIN HCL INTRAVENOUS VIAL (EA) 750 MG		9.50000	04/01/2017	
VANCOMYCIN HCL INTRAVENOUS VIAL WITH THREADED PORT (EA) 1 G		11.68767	04/01/2017	
VANCOMYCIN HCL INTRAVENOUS VIAL WITH THREADED PORT (EA) 500 MG		10.69000	04/01/2017	
VANCOMYCIN HCL INTRAVENOUS VIAL WITH THREADED PORT (EA) 750 MG		10.97000	04/01/2017	
VANCOMYCIN HCL ORAL CAPSULE 125 MG		2.25000	01/01/2019	
VANCOMYCIN HCL ORAL CAPSULE 250 MG		4.40000	07/01/2019	
VANCOMYCIN HCL/DEXTROSE 5 % IN WATER INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 1G/200ML		0.11348	10/01/2017	
VANCOMYCIN HCL/DEXTROSE 5 % IN WATER INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 500MG/0.1L		0.06600	04/01/2017	
VANCOMYCIN HCL/DEXTROSE 5 % IN WATER INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 750MG/.15L		0.08053	04/01/2017	
VANCOMYCIN IN 0.9 % SODIUM CHLORIDE INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 1G/200ML		0.11895	04/01/2017	
VANCOMYCIN IN 0.9 % SODIUM CHLORIDE INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 500MG/0.1L		0.07350	04/01/2017	
VANCOMYCIN IN 0.9 % SODIUM CHLORIDE INTRAVENOUS IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML) 750MG/.15L		0.08553	04/01/2017	
VARDENAFIL HCL ORAL TABLET 20 MG		48.41500	01/01/2019	
VASOPRESSIN INJECTION VIAL (ML) 20 UNIT/ML		2.41000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
VECURONIUM BROMIDE INTRAVENOUS VIAL (EA) 10 MG		2.90000	04/01/2017	
VECURONIUM BROMIDE INTRAVENOUS VIAL (EA) 20 MG		9.00000	04/01/2017	
VENLAFAXINE HCL ORAL CAPSULE, EXT RELEASE 24 HR 150 MG		0.10167	04/01/2017	
VENLAFAXINE HCL ORAL CAPSULE, EXT RELEASE 24 HR 37.5 MG		0.05511	01/01/2019	
VENLAFAXINE HCL ORAL CAPSULE, EXT RELEASE 24 HR 75 MG		0.07889	01/01/2019	
VENLAFAXINE HCL ORAL TABLET 100 MG		0.09980	10/01/2019	
VENLAFAXINE HCL ORAL TABLET 25 MG		0.11520	01/01/2019	
VENLAFAXINE HCL ORAL TABLET 37.5 MG		0.14692	04/01/2017	
VENLAFAXINE HCL ORAL TABLET 50 MG		0.03520	10/01/2019	
VENLAFAXINE HCL ORAL TABLET 75 MG		0.05919	10/01/2017	
VENLAFAXINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 150 MG		2.48400	04/01/2017	
VENLAFAXINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 225 MG		7.51244	04/01/2017	
VENLAFAXINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 37.5 MG		1.51785	10/01/2017	
VENLAFAXINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 75 MG		2.95194	10/01/2017	
VERAPAMIL HCL INTRAVENOUS AMPUL (ML) 2.5 MG/ML		8.24000	04/01/2017	
VERAPAMIL HCL INTRAVENOUS SYRINGE (ML) 2.5 MG/ML		12.01250	04/01/2017	
VERAPAMIL HCL INTRAVENOUS VIAL (ML) 2.5 MG/ML		7.27750	04/01/2017	
VERAPAMIL HCL ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 120 MG		0.53862	10/01/2017	
VERAPAMIL HCL ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 180 MG		0.25668	10/01/2017	
VERAPAMIL HCL ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 240 MG		0.40190	10/01/2017	
VERAPAMIL HCL ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 360 MG		1.67785	10/01/2017	
VERAPAMIL HCL ORAL CAPSULE,24HR EXTENDED RELEASE PELLETT CT 100 MG		0.74820	04/01/2017	
VERAPAMIL HCL ORAL CAPSULE,24HR EXTENDED RELEASE PELLETT CT 200 MG		0.79429	10/01/2017	
VERAPAMIL HCL ORAL CAPSULE,24HR EXTENDED RELEASE PELLETT CT 300 MG		1.05737	04/01/2017	
VERAPAMIL HCL ORAL TABLET 120 MG		0.05666	04/01/2018	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
VERAPAMIL HCL ORAL TABLET 40 MG		0.12050	04/01/2017	
VERAPAMIL HCL ORAL TABLET 80 MG		0.05000	04/01/2017	
VERAPAMIL HCL ORAL TABLET, EXTENDED RELEASE 120 MG		0.06693	10/01/2017	
VERAPAMIL HCL ORAL TABLET, EXTENDED RELEASE 180 MG		0.09870	04/01/2019	
VERAPAMIL HCL ORAL TABLET, EXTENDED RELEASE 240 MG		0.04910	01/01/2019	
VINBLASTINE SULFATE INTRAVENOUS VIAL (ML) 1 MG/ML		4.30700	04/01/2017	
VINCRIStINE SULFATE INTRAVENOUS VIAL (ML) 1 MG/ML		5.66000	04/01/2017	
VINCRIStINE SULFATE INTRAVENOUS VIAL (ML) 2 MG/2 ML		5.26500	04/01/2017	
VINORELBINE TARTRATE INTRAVENOUS VIAL (ML) 10 MG/ML		18.00000	04/01/2017	
VINORELBINE TARTRATE INTRAVENOUS VIAL (ML) 50 MG/5 ML		8.76800	04/01/2017	
VITAMIN B COMPLEX & VITAMIN C NO.20/FOLIC ACID ORAL CAPSULE 1 MG		0.00000	04/01/2015	
VITAMIN B COMPLEX ORAL CAPSULE (HARD, SOFT, ETC.)		0.04488	12/12/2011	
VITAMIN B COMPLX NO.3/FOLIC ACID/ASCORBIC ACID/BIOTIN ORAL TABLET 1MG-60MG		0.09967	04/01/2017	
VITAMIN E ACETATE ORAL CAPSULE (HARD, SOFT, ETC.) 400 UNIT		0.05758	12/12/2011	
VITAMIN E ACETATE/WHEAT GERM OIL/ALOE VERA TOPICAL OINTMENT (GRAM)		0.05288	12/12/2011	
VITAMIN E ORAL CAPSULE (HARD, SOFT, ETC.) 100 UNIT		0.03450	12/12/2011	
VITAMIN E ORAL CAPSULE (HARD, SOFT, ETC.) 1000 UNIT		0.11540	12/12/2011	
VITAMIN E ORAL CAPSULE (HARD, SOFT, ETC.) 200 UNIT		0.03508	12/12/2011	
VITAMIN E ORAL CAPSULE (HARD, SOFT, ETC.) 400 UNIT		0.05758	12/12/2011	
VITAMIN E ORAL DROPS 50 UNIT/ML		1.23081	12/12/2011	
VITAMINS A AND D TOPICAL OINTMENT (GRAM)		0.02712	12/12/2011	
VITAMINS A AND D/WHITE PETROLATUM/LANOLIN TOPICAL OINTMENT (GRAM)		0.04237	04/01/2017	
VITAMINS A AND D/WHITE PETROLATUM/LANOLIN TOPICAL OINTMENT IN PACKET (GRAM)		0.04391	04/01/2017	
VITAMINS A,C,AND D ORAL DROPS 1500-35		0.08961	12/12/2011	
VORICONAZOLE INTRAVENOUS VIAL (EA) 200 MG		122.07000	04/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
VORICONAZOLE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML		10.69373	04/01/2017	
VORICONAZOLE ORAL TABLET 200 MG		3.00000	07/01/2019	
VORICONAZOLE ORAL TABLET 50 MG		0.89967	10/01/2017	
WARFARIN SODIUM ORAL TABLET 1 MG		0.02470	01/01/2019	
WARFARIN SODIUM ORAL TABLET 10 MG		0.03920	10/01/2017	
WARFARIN SODIUM ORAL TABLET 2 MG		0.05176	10/01/2017	
WARFARIN SODIUM ORAL TABLET 2.5 MG		0.03000	07/01/2018	
WARFARIN SODIUM ORAL TABLET 3 MG		0.05360	07/01/2019	
WARFARIN SODIUM ORAL TABLET 4 MG		0.07199	10/01/2017	
WARFARIN SODIUM ORAL TABLET 5 MG		0.02633	10/01/2017	
WARFARIN SODIUM ORAL TABLET 6 MG		0.06573	10/01/2017	
WARFARIN SODIUM ORAL TABLET 7.5 MG		0.08420	07/01/2018	
WATER FOR INJ.,BACTERIOSTATIC INJECTION VIAL (ML)		0.01933	10/01/2017	
WATER FOR INJ.,BACTERIOSTATIC/METHYLPARABEN/PROPYLPARABEN INJECTION VIAL (ML)		0.03015	10/01/2017	
WATER FOR INJECTION,STERILE INJECTION AMPUL (ML)		0.00231	12/12/2011	
WATER FOR INJECTION,STERILE INJECTION VIAL (ML)		0.05031	10/01/2017	
WATER FOR INJECTION,STERILE INTRAVENOUS INTRAVENOUS SOLUTION		0.00155	10/01/2017	
WATER FOR IRRIGATION,STERILE IRRIGATION SOLUTION, IRRIGATION		0.00439	04/01/2017	
WITCH HAZEL LEAF TOPICAL LIQUID (ML)		0.00412	04/01/2017	
YOHIMBINE HCL ORAL TABLET 5.4 MG		0.28304	12/12/2011	
ZAFIRLUKAST ORAL TABLET 10 MG		1.39236	04/01/2017	
ZAFIRLUKAST ORAL TABLET 20 MG		0.77624	10/01/2017	
ZALEPLON ORAL CAPSULE 10 MG		0.24611	04/01/2017	
ZALEPLON ORAL CAPSULE 5 MG		0.17120	10/01/2018	
ZIDOVUDINE ORAL CAPSULE 100 MG		1.22587	10/01/2017	

**New Jersey Department of Human Services
State Upper Limit (SUL) List**

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ZIDOVUDINE ORAL SYRUP 10 MG/ML		0.09521	01/01/2018	
ZIDOVUDINE ORAL TABLET 300 MG		0.14500	10/01/2018	
ZINC CHLORIDE INTRAVENOUS VIAL (ML) 1 MG/ML		0.05335	10/01/2017	
ZINC OXIDE TOPICAL CREAM (GRAM) 10 %		0.14205	04/01/2017	
ZINC OXIDE TOPICAL CREAM (GRAM) 30.6 %		0.10423	04/01/2017	
ZINC OXIDE TOPICAL OINTMENT (GRAM) 20 %		0.00945	10/01/2017	
ZINC OXIDE/BENZETHONIUM CHLORIDE TOPICAL COMBINATION PACKAGE (EA) 10%-0.13%		17.94000	04/01/2017	
ZINC SULFATE HEPTAHYDRATE/CUSO4 P-HYD/MANGANESE/CHROMIUM/SEL INTRAVENOUS VIAL (ML) 20-1000		0.70149	10/01/2017	
ZINC SULFATE HEPTAHYDRATE/CUSO4 P-HYD/MANGANESE/CHROMIUM/SEL INTRAVENOUS VIAL (ML) 5-1-500/ML		0.29377	10/01/2017	
ZINC SULFATE INTRAVENOUS VIAL (ML) 1 MG/ML		0.13460	10/01/2017	
ZINC SULFATE INTRAVENOUS VIAL (ML) 5 MG/ML		0.53984	10/01/2017	
ZINC SULFATE/CUPRIC SULFATE/MANGANESE SULF/CHROMIC CHLORIDE INTRAVENOUS VIAL (ML) 1-0.4-0.1		0.70000	04/01/2017	
ZINC SULFATE/CUPRIC SULFATE/MANGANESE SULF/CHROMIC CHLORIDE INTRAVENOUS VIAL (ML) 1.5-0.1-25		3.00000	04/01/2017	
ZINC SULFATE/CUPRIC SULFATE/MANGANESE SULF/CHROMIC CHLORIDE INTRAVENOUS VIAL (ML) 5-1-0.5-10		1.00000	04/01/2017	
ZIPRASIDONE HCL ORAL CAPSULE 20 MG		0.19050	07/01/2018	
ZIPRASIDONE HCL ORAL CAPSULE 40 MG		0.13750	01/01/2019	
ZIPRASIDONE HCL ORAL CAPSULE 60 MG		0.24917	07/01/2019	
ZIPRASIDONE HCL ORAL CAPSULE 80 MG		0.17367	01/01/2019	
ZOLEDRONIC ACID IN MANNITOL AND WATER FOR INJECTION INTRAVENOUS INFUSION BOTTLE (ML) 5 MG/100ML		2.75000	04/01/2017	
ZOLEDRONIC ACID IN MANNITOL AND WATER FOR INJECTION INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 4 MG/100ML		0.60000	04/01/2017	
ZOLEDRONIC ACID IN MANNITOL AND WATER FOR INJECTION INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 5 MG/100ML		3.50000	04/01/2017	
ZOLEDRONIC ACID INTRAVENOUS VIAL (EA) 4 MG		375.00000	04/01/2017	
ZOLEDRONIC ACID INTRAVENOUS VIAL (ML) 4 MG/5 ML		11.25000	04/01/2017	
ZOLMITRIPTAN ORAL TABLET 2.5 MG		1.01357	04/01/2017	
ZOLMITRIPTAN ORAL TABLET 5 MG		3.33000	01/01/2018	

New Jersey Department of Human Services
State Upper Limit (SUL) List

as of January 02, 2020

Sorted by Generic Name

Generic Name	Old SUL Price	Current SUL Price	SUL Effective Date	Notes
ZOLMITRIPTAN ORAL TABLET,DISINTEGRATING 2.5 MG		5.64688	04/01/2017	
ZOLMITRIPTAN ORAL TABLET,DISINTEGRATING 5 MG		5.50481	04/01/2017	
ZOLPIDEM TARTRATE ORAL TABLET 10 MG		0.01708	04/01/2017	
ZOLPIDEM TARTRATE ORAL TABLET 5 MG		0.01836	04/01/2017	
ZOLPIDEM TARTRATE ORAL TABLET, EXTENDED RELEASE MULTIPHASE 12.5 MG		0.06591	07/01/2018	
ZOLPIDEM TARTRATE ORAL TABLET, EXTENDED RELEASE MULTIPHASE 6.25 MG		1.31490	10/01/2017	
ZOLPIDEM TARTRATE SUBLINGUAL TABLET, SUBLINGUAL 1.75 MG		7.90166	04/01/2017	
ZOLPIDEM TARTRATE SUBLINGUAL TABLET, SUBLINGUAL 3.5 MG		7.90166	04/01/2017	
ZONISAMIDE ORAL CAPSULE 100 MG		0.06700	10/01/2017	
ZONISAMIDE ORAL CAPSULE 25 MG		0.08736	04/01/2017	
ZONISAMIDE ORAL CAPSULE 50 MG		0.09224	04/01/2017	